

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 AUG -2 PM 3:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000001328

1. Entity Name  
 ALOI LIMITED PARTNERSHIP



Principal Place of Business  
 5621 CRAWFORDVILLE HIGHWAY  
 TALLAHASSEE, FL 32305

Mailing Address  
 P.O. BOX 2124  
 TALLAHASSEE, FL 32316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 51-0447468

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEEKER, VAN P ESQ.  
 1501 PARK AVENUE EAST  
 TALLAHASSEE, FL 32316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record: \$250,000.00

10. Amount of Capital Contributions in FLORIDA to date: -0-

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L02000026165  
 NAME ALOI INVESTMENTS, LLC  
 STREET ADDRESS 5621 CRAWFORDVILLE HIGHWAY  
 CITY-ST-ZIP TALLAHASSEE, FL 32305

STREET ADDRESS

CITY-ST-ZIP

400039948664

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

08/06/04--01035--019 \*\*\$2.50

DOCUMENT #  
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400039948664  
 08/06/04--01035--020 \*\*\$8.75

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jana A Alo

Date

Daytime Phone #

7-11-04 850-877-3370

STAPLE CHECK HERE