2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May ~~1, 2004~~

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001346

1. Entity Name
MERCEDES DRIVE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1205 MERCEDES DRIVE MERRITT ISLAND, FL 32952	1205 MERCEDES DRIVE MERRITT ISLAND, FL 32952

01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 01-0745386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CRAIG D D.M.D.
1205 MERCEDES DRIVE
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

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. $76,950.00

10. Amount of Capital Contributions in FLORIDA to date. 76,950

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 # NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, CRAIG D 1205 MERCEDES DRIVE MERRITT ISLAND, FL 32952	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, LINDA A 1205 MERCEDES DRIVE MERRITT ISLAND, FL 32952	STREET ADDRESS CITY-ST-ZIP	U00000147063 05/03/04-80090-023 526.25
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STAPLE CHECK HERE

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: Linda A Thompson 2/10/04 321-459-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #