

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

**DOCUMENT # A02000001419**

1. Entity Name  
**M&W PERDUE, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 13 PM 1:04

Principal Place of Business <b>C/O W. SCOTT FOSTER                  909 MAR WALT DRIVE, STE. 1014                  FORT WALTON BEACH, FL 32547</b>	Mailing Address <b>C/O W. SCOTT FOSTER                  909 MAR WALT DRIVE, STE. 1014                  FORT WALTON BEACH, FL 32547</b>
---	---



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

04082004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>04-3718368</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

**FOSTER, WILLIAM SCOTT  
 909 MAR WALT DRIVE #1014  
 FORT WALTON BEACH, FL 32547**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**000034391300**  
 04/28/04--01025--018 \*\*141.25  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
--	---

**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	
NAME	PERDUE, VERNON WAYNE	STREET ADDRESS	<b>3157 Chain Lakes Rd</b>
STREET ADDRESS	909 MAR WALT DRIVE, STE. 1014	CITY-ST-ZIP	<b>Chipley, FL 32428</b>
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PERDUE, MARTHA JONES	STREET ADDRESS	<b>3157 Chain Lakes Rd</b>
STREET ADDRESS	909 MAR WALT DRIVE, STE. 1014	CITY-ST-ZIP	<b>Chipley, FL 32428</b>
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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:**

*Martha Jones Perdue*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/9/04**  
 Date

**850 793-8593**  
 Daytime Phone #

STAPLE CHECK HERE