

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A02000001613**

1: Entity Name

**RANDY C LIMITED PARTNERSHIP**



**FILED**

**04 FEB -2 AM 11:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

**55-0811648**

4. FEI Number

**AP-PLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**CHASE, JAMES L  
101 EAST GOVERNMENT STREET  
PENSACOLA FL 32507**

**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.

**\$50,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$ 50,000**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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**

DOCUMENT #  
NAME **CUDD, JEFFERY R**  
STREET ADDRESS **14887 INNERARITY POINT ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32507**

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CITY-ST-ZIP

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CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800028689358  
02/13/04--01004--019 \*\*438.75**

**M THOMAS**

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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/27/04 850-492-9321**

STAPLE CHECK HERE