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

STAPL

## **DOCUMENT # A03000000002** 2004 APR 21 PM 3: 47 SUPÉR PERFORMANCE HORSES LIMITED SECRETARY OF STATE **PARTNERSHIP** TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 22007 DEER POINTE CROSSING 22007 DEER POINTE CROSSING BRADENTON, FL 34202-0000 BRADENTON, FL 34202-0000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262004 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For APPLIED FOR- 20-606 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMES, ANDREW T CPA CFP Street Address (P.O. Box Number is Not Acceptable) **128 W OAK ST** ARCADIA, FL 34266 Zip Code City FL 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 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS NAME SUPER, JOHN C 22007 DEER POINTE CROSSING STREET ADDRESS 100035801481 <del>05/10/04-01039-018 \*\*141.25</del> CITY-ST-7IF CITY-ST-ZIP BRADENTON, FL 342020000 DOCUMENT# STREET ADDRESS NAME SUPER, GERTRUDE H 22007 DEER POINTE CROSSING STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 342020000 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-9F-7IP 14. Thereby 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

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