

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

**DOCUMENT # A03000000008**

1. Entity Name  
**EMBREE PARKER INVESTMENTS, LLLP**



Principal Place of Business  
**250 SOUTH PARK AVE. SUITE 630  
WINTER PARK, FL 32789**

Mailing Address  
**P.O. BOX 3010  
WINTER PARK, FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-2100361**

Applied For  
Not Applicable

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

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

**BATTAGLIA, W.P.  
250 SOUTH PARK AVE. SUITE 630  
WINTER PARK, FL 32789**

**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. **\$9,750,000.00**

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  
CITY-ST-ZIP  
**EMBREE PARKER, INC.  
250 SOUTH PARK AVE. SUITE 630  
WINTER PARK, FL 32789**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:**

*W.P. Battaglia*

**W.P. Battaglia, President**

**4/30/04**

Date

**407-622-1700**

Daytime Phone #

APPROVE  
AND  
FILED

**04 MAY -4 PM 4:34**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE