

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 17 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



DOCUMENT # A03000000015			
1. Entity Name HEMBREE FAMILY LIMITED PARTNERSHIP.			
Principal Place of Business 1335 SECOND STREET SARASOTA, FL 34236 US		Mailing Address 1335 SECOND STREET SARASOTA, FL 34236 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032004 Chg-LP CR2E003 (10/03) **517**

4. FEI Number
26-0856017

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOOLEY, WILLIAM A 1432 FIRST STREET SARASOTA, FL 34236		Name Joe R Hembree Street Address (P.O. Box Number is Not Acceptable) 1335 Second Street City Sarasota FL Zip Code 34236	

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 **Joe R. Hembree** Pres. DATE **4-20-04**

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	HEMBREE, JOSEPH R	CITY-ST-ZIP	
STREET ADDRESS	1335 SECOND STREET		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	"	CITY-ST-ZIP	
STREET ADDRESS	"		
CITY-ST-ZIP	"		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	"	CITY-ST-ZIP	
STREET ADDRESS	"		
CITY-ST-ZIP	"		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	"	CITY-ST-ZIP	
STREET ADDRESS	"		
CITY-ST-ZIP	"		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	"	CITY-ST-ZIP	
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: **Joe R. Hembree** Mgr X **4/9/4** X **941-951-1776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE