


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

| | | | | | | | | | |
|---|---------------------------|--|---------|---|---|--|--|--|--|
| DOCUMENT # A03000000311 1. Entity Name SIMS INVESTMENT FAMILY PARTNERSHIP, LLLP | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB 16 AM 10:26 <i>Wc</i> <i>02/27/04</i> | | | |
| Principal Place of Business 1004 WEST IMOGENE ARCADIA FA 34266 | | Mailing Address 1004 WEST IMOGENE ARCADIA FA 34266 | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | |
| City & State | | City & State | | 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| WALDRON, EUGENE F JR., PA 124 NORTH BREVARD AVENUE ARCADIA FL 34266 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | |
| 9. Capital Contributions as Shown on record. \$1,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | 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 | | | | 13. ADDRESS CHANGES ONLY | | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | | | | | |
| NAME | SIMS, GEORGE O III | | | CITY-ST-ZIP | | | | | |
| STREET ADDRESS | 1004 WEST IMOGENE | | | STREET ADDRESS | 400029799674 | | | | |
| CITY-ST-ZIP | ARCADIA FL 34266 | | | CITY-ST-ZIP | 03/03/04--01030--017 **141.25 | | | | |
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| 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: <i>George O. Sims III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | 2/12/04 <small>Date</small> | | 8634942588 <small>Daytime Phone #</small> | | | |

STAPLE CHECK HERE