

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -3 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000447 1. Entity Name RECAP, LTD.					
Principal Place of Business 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04072004 Chg-LP CR2E003 (10/03)	
4. FEI Number				☒ Applied For ☐ Not Applicable	
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		
MOTTICE, JOHN P 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308			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 _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record		\$777,150.00		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 #	P02000133604		STREET ADDRESS		
NAME	RECAP, INC.		CITY-ST-ZIP		
STREET ADDRESS	2019 CENTRE POINTE BLVD., SUITE 101		CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: _____			Director, Recap, Inc. 4/12/04 850-386-2117		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

U00000133256
04/27/04-80078-020 526.25