

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
2004 JUL 14 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000944					
1. Entity Name THE GERALD W. SCHEUBLEIN FAMILY, LLLP					
Principal Place of Business 8711 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639-5816			Mailing Address 8711 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639-5816		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				4. FEI Number 54-2118761 Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHEUBLEIN, GERALD W 8711 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639-5816				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$4,004,900.00			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		
NAME	SCHEUBLEIN, GERALD W		CITY-ST-ZIP		
STREET ADDRESS	8711 LAND O'LAKES BLVD.				
CITY-ST-ZIP	LAND O'LAKES, FL 346395816				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SCHEUBLEIN, KAREN W		CITY-ST-ZIP		
STREET ADDRESS	8711 LAND O'LAKES BLVD.				
CITY-ST-ZIP	LAND O'LAKES, FL 346395816				
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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: <i>Karen Scheublein</i>			<i>Karen Scheublein</i> 7-7-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE



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54-2118761

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

6. Name and Address of Current Registered Agent

SCHEUBLEIN, GERALD W
8711 LAND O'LAKES BLVD.
LAND O'LAKES, FL 34639-5816

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE: *Karen Scheublein* *Karen Scheublein* 7-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #