

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000976

1. Entity Name
THE LLLONG FAMILY LIMITED PARTNERSHIP



Principal Place of Business
2014 FOURTH STREET
SARASOTA, FL 34237 US

Mailing Address
2014 FOURTH STREET
SARASOTA, FL 34237 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-0116159

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

LEE, HOWARD G
2014 FOURTH STREET
SARASOTA, FL 34237

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.

\$0.00

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

LONG, LARRY L
988 BOULEVARD OF THE ARTS STE 1909
SARASOTA, FL 34236

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

LONG, SANDRA L
988 BOULEVARD OF THE ARTS STE 1909
SARASOTA, FL 34236

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

000040226870
08/17/04--01009 003 **541.25

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:

Larry L Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-22-04

941-954-0067

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

04 AUG 12 PM 4: 05

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



8/12