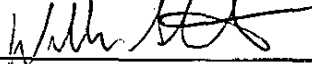


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2004

DOCUMENT # A03000001097					
1. Entity Name STODDARD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1945 SURFSIDE TERRACE VERO BEACH, FL 32963			Mailing Address 1945 SURFSIDE TERRACE VERO BEACH, FL 32963		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 72-1567796	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEATT, PETER A ESQ 830 VILLAGE SQUARE CROSSING, STE. 204 PALM BEACH GARDENS, FL 33410			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. \$400,000.00			10. Amount of Capital Contributions in FLORIDA to date. 400,000.-		
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 #	P03000083837		STREET ADDRESS		
NAME	WILLIAM STODDARD, INC.		CITY-ST-ZIP		
STREET ADDRESS	1945 SURFSIDE TERRACE				
CITY-ST-ZIP	VERO BEACH, FL 32963				
DOCUMENT #			STREET ADDRESS	700037434847	
NAME			CITY-ST-ZIP	06/01/04-01008-003 **526.25	
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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:  WILLIAM STODDARD			4/29/04 (772) 770-9622		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE