

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001279

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** RUST FAMILY PARTNERSHIP I, LTD.

**Current Principal Place of Business:**

C/O REGISTER & COMPANY, P.A.  
2600 DOUGLAS RD., STE. 604  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REGISTER & COMPANY, P.A.  
2600 DOUGLAS RD., STE. 604  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0302014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, SHARON Q  
C/O STEARNS WEAVER MILLER ET. AL  
150 W. FLAGLER ST., STE. 2400  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 6,000,000.00

**Amount of Capital Contributions in Florida to date:** 6,000,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

**Document #:**

**Name:** RUST FAMILY ENTERPRISES, LLC

**Address:** 2600 DOUGLAS RD., STE. 604

**City-St-Zip:** CORAL GABLES, FL 33130

**Address:**

**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** ROBERT W. RUST

04/28/2004

Electronic Signature of Signing General Partner

Date