

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                          |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # A07236</b><br>1. Entity Name<br><b>TALLEY BOX COMPANY, LTD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |         |         |
| Principal Place of Business<br><b>900 N. 14TH STREET<br/>LEESBURG, FL 34748</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | Mailing Address<br><b>P.O. BOX 490817<br/>LEESBURG, FL 34749-0817</b>                    |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 3. Mailing Address                                                                       |         |
| Suite Apt # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | Suite Apt # etc                                                                          |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | City & State                                                                             |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                     | Zip                                                                                      | Country |
| 6. Name and Address of Current Registered Agent<br><b>TALLEY, WILLIAM G., JR.<br/>900 N. 14TH STREET<br/>LEESBURG, FL 34748</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | 4. FEI Number<br><b>59-1311310</b><br>Applied For<br>Not Applied For                     |         |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             | City                                                                                     |         |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | 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 qualifications of registered agent.                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                          |         |
| SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                          |         |
| 9. Capital Contributions as Shown on record <b>\$817,284.68</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | 10. Amount of Capital Contributions in FLORIDA to date.                                  |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                          |         |
| 12. GENERAL PARTNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | 13. ADDRESS CHANGES ONLY                                                                 |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>P95000054724<br/>TALLEY ENTERPRISES, INC.<br/>2021 WEST TALLEY ROAD<br/>LEESBURG, FL 32748</b>           | STREET ADDRESS                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>P95000054981<br/>WHITE PELICAN ENTERPRISES, INC.<br/>4482 SANDPIPER LANE<br/>AMELIA ISLAND, FL 32034</b> | CITY ST ZIP                                                                              |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | STREET ADDRESS                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | CITY ST ZIP                                                                              |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | STREET ADDRESS                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | CITY ST ZIP                                                                              |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | STREET ADDRESS                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>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)(c), 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                             |                                                                                                             | 4-20-04 353-787-4248                                                                     |         |

STAPLE CHECK HERE