

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A15349

1. Entity Name
PRIMROSE GROUP, LTD.



FILED

2005 APR 21 P 12:07

Principal Place of Business
P.O. BOX 536100
ORLANDO, FL 32853-6100

Mailing Address
P.O. BOX 536100
ORLANDO, FL 32853-6100

2. Principal Place of Business
17,407 RESERVE DR.
 Suite, Apt. #, etc.
P.O. BOX 4447
 City & State
BUENA VISTA, COLORADO
 Zip
81211
 Country
USA

3. Mailing Address
17,407 RESERVE DR.
 Suite, Apt. #, etc.
P.O. BOX 4447
 City & State
BUENA VISTA, COLORADO
 Zip
81211
 Country
USA

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2388857
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, B. PHILIP JR.
1639 LAKESIDE DRIVE
ORLANDO, FL 32803
~~17,407 RESERVE DR.~~
~~BUENA VISTA, CO.~~
~~81211~~

7. Name and Address of New Registered Agent

Name
RAMSEY W. DULIN
 Street Address (P.O. Box Number is Not Acceptable)
201 E. PINE ST., STE. 425
 City
ORLANDO FL **32801**

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]* 4/21/05
 Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. **\$915,000.00**

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	
DOCUMENT #	
NAME	JONES, B. PHILIP JR.
STREET ADDRESS	1639 LAKESIDE DR.
CITY-ST-ZIP	ORLANDO, FL 32803
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	17,407 RESERVE DR. P.O. BOX 4447
CITY-ST-ZIP	BUENA VISTA, CO. 81211
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500054294155
CITY-ST-ZIP	05/11/05 01064-015 **2052.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 04-05

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: *[Signature]* **BARNIE PHILIP JONES JR.** 4/20/01 719-395-7956
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE