


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**

**Feb 03, 2004 08:00 AM  
Secretary of State**

**JAN 22 2004**

<b>DOCUMENT # A16274</b>			
1. Entity Name <b>SMACKCO, LTD.</b>			
Principal Place of Business <b>P. O. DRAWER 649 315 BELLEVILLE AVENUE BREWTON AL 36427</b>		Mailing Address <b>P. O. DRAWER 649 315 BELLEVILLE AVENUE BREWTON AL 36427</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>63-0706672</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent  <b>DANIEL, J. NIXON 700 BLOUNT BLDG. PENSACOLA FL 32576</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

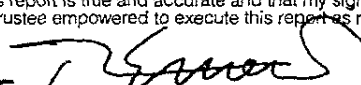
9. Capital Contributions as Shown on record.	<b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>\$5,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT 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 # <b>854497</b>	NAME <b>COASTAL STATES EXPLOR.</b>	STREET ADDRESS	
STREET ADDRESS <b>315 BELLEVILLE AVE.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>BREWTON AL</b>			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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CITY-ST-ZIP			

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02/28/04-80021-001 150.00

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:**  **Thomas E. McMillan, Jr. Pres.** 1/23/04 (251)867-5413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Coastal States Exploration, Inc. Daytime Phone #

STAPLE CHECK HERE