2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A18185

1. Entity Name
PATRONIS BROTHERS ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business
5551 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32407

Mailing Address
5551 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32407

07192004 Chg-LP CR2E003 (10/03)

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: 59-1196053 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATRONIS, JIMMY T.
5551 N. LAGOON DR.
PANAMA CITY BEACH, FL 32407

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 ______ Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. $1,721,724.00

10. Amount of Capital Contributions in FLORIDA to date. 1,721,724.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRONIS, JIMMY T. 3144 N KINGS DRIVE PANAMA CITY, FL	STREET ADDRESS / CITY-ST-ZIP	U00000168070 07/23/04-80008-014 526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRONIS, JOHNNY T. 3613 DELWOOD DRIVE PANAMA CITY, FL	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

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: J. T. Patronis, JIMMY T. PATRONIS, 7/19/04 (850) 234-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #