

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A18521

1. Entity Name
LANDCOM - ORANGE PARK, LTD.



Principal Place of Business
4314 PABLO OAKS CT
JACKSONVILLE, FL 32224

Mailing Address
4314 PABLO OAKS CT
JACKSONVILLE, FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2493474

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~TOOMEY, MARY~~
4314 PABLO OAKS CT
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name **Nanette Putnam Orlins**

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

Nanette Putnam Orlins

Signature typed or printed name of registered agent and title if applicable.

4-28-04

DATE

9. Capital Contributions
 as Shown on record:

\$3,449,500.00

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 # **F67225**
 NAME **LANDCOM INC.**
 STREET ADDRESS **4314 PABLO OAKS CT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300037867763
06/11/04--01010--006 **158.75

STREET ADDRESS

CITY-ST-ZIP

300037867763
06/11/04--01010--007 **367.50

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(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:

Nanette Putnam Orlins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VST

4-28-04

Date

Daytime Phone #

904-992-3700

STAPLE CHECK HERE

FILED
04 JUN -7 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

