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

## FILED Feb 23, 2004 08:00 AM Secretary of State

Principal Piece of Guilless   Mailing Address	1. Entity Nar	MENT # A21767 DPERTIES, LTD.				-	Se	ecretary of Sta	
Salle, April R. etc.    Suite	1713 MAHA	N DR.	1713 MAHAN DR.	2308					
City & State  Country  2p  Country  2p  Country  2p  Country  3p. Country  2p  Country  5p. Certificate of Status Desired  5p. Set 75 Additional Five Report of Status Desired  5p. Set 75 Additional Five Report of Status Desired  7, Name and Address of New Registered Agent  7, Name and Address of New Registered Agent  7, Name and Address of New Registered Agent  City FL  2p  Coty  FL  2p  Cote  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. I am familiar with, and accept the difficult of registered agent.  Street Address (P.O. Box Number is Not Acceptable)  ACT  Street Address (P.O. Box Number is Not Acceptable)  1p. Coty  FL  2p  Coty  FL  Cot	2. Principal Place of Business 3. Mailing Address								
Specification   Specificatio	Suite, Apt. #, etc. Suite, Apt. #, etc					01062004 0	Chg-LP	CR2E003 (10/03)	
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  8. Name Registered Agent  8. Name Registered Agent  7. Name and Address of Name Registered Agent  7. Name and Address of Name Registered Agent  8. Name Registered Agent  8. Name Registered Agent  8. Name Registered Agent  8. Name Registered Agent  9. Name Registered Agent  9. Name Registered	City & State City & State			-		1	3	——————————————————————————————————————	
WEIDNER, RICHARDA. 1713 MAHAND R TALLAHASSEE, FL. 32308  6. The above named entry submiss this unatument 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 chiligations of registered agent.  SIGNATURE:  1. City	Zìp	Country Zip		Country				58.75 Additional	
WEIDNER, RICHARD A.  TALLAHASSEE, FL 32308  City FL Zip Code  8. The above named entire submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgrations of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of contributions as 500,000.00  10. Amount of Capital Contributions as 500,000.00  10. Amount of Capital Contributions as 500,000.00  10. Amount of Capital Contributions as 500,000.00  11. Amount of Capital Contributions as 500,000.00  12. GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  SIRRIT ADDRESS  SIRRIT ADDRESS  SIRRIT ADDRESS  SIRRIT ADDRESS  SIRRIT ADDRESS  SIRRIT ADDRESS  CITY 51-3P  TALLAHASSEE, FL  SIRRIT ADDRESS  CITY 51-3P  DOUBLIFF  MAKE  MAKE  SIRRIT ADDRESS  CITY 51-3P  DOUBLIFF  MAKE  SIRRIT ADDRE	Name and Address of Current Registered Agent								
City FL Zip Code  8. The above named onliv submits this statement for the purpose of chenging its registered agent, or both, in the State of Rorda. I am familiar with, and accept the collegations of registered agent, or both, in the State of Rorda. I am familiar with, and accept the collegations of registered agent.  9. Capital Contributions as Shown on record. \$360,000.00  10. Amount of Capital Contributions as Shown on record. \$360,000.00  10. Amount of Capital Contributions as Shown on record. \$360,000.00  10. Amount of Capital Contributions as Shown on record. \$360,000.00  12. GENERAL PARTIER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOUBLING IN SHAPP SHOWN ON THE PARTNER INFORMATION 14. ADDRESS CHANGES ONLY  SERPLADERSS  CITY ST-2P  UDOGDO082419  WIEDINER, RICHARDA A.  WIEDINER, RICHARDA A.  WIEDINER, RICHARDA A.  SIREL AUDRESS  CITY ST-2P  DOUBLING IN SHAPP  DOUBLING IN SHAPP  DOUBLING IN SHAPP  TALLAHASSEE, FL  CITY ST-2P  DOUBLING IN SHAPP  CITY ST-2P  DOUBLING IN SHAPP  TALLAHASSEE, FL  CITY ST-2P  TALLAHASSEE, FL  CITY ST-2P	1713 MAF	IAN DR.		Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record. \$380,000.00 10. Amount of Capital Contributions in FLORIDA to cale.  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 filled to change a general partner.  12. GENERAL PARTNER SHAP NORMATION 13. ADDRESS CHANGES ONLY  DODUMENT SERPICO, JOSEPH SIREL ADDRESS  SIREL ADDRESS  TALLAHASSEE, FL  OCHY 51-2P  U00000082494  OTH 51-2P  UNY 51-2P  U									
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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)(1), Florida Statutes. I further certify that the information information information in the receiver or trustee empowered to execute 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:  **CITY-ST-ZIP**  CITY-ST-ZIP  CITY-S				STRE	ET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP  DOCUMENT # MAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # MAME  STREET ADDRESS 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)(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:  Washington Address				CITY	-ST-ZIP				
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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:  **TOTALL PROPESS** **CITY-ST-ZIP**  **TOTALL PROPESS**  **TOTALL				CITY	-SI-ZIP				
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signature:    Signature   Sign	CITY-ST-ZIP		minu :		]				
SIGNATURE: Nulmidellime RICHARD Weidwar 1/9/6x 878-8777	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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daving Phone &	SIGNAT		Went	RICA	iAND W	leidwar	2/19/0x	878-8777	