

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A22584

1. Entity Name
RECKER PARTNERS, LIMITED



Principal Place of Business
1025 OLEANDER ST.
LAKELAND, FL 33801

Mailing Address
1025 OLEANDER ST.
LAKELAND, FL 33801



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

04212004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2792892

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL, BERNIE
1829 GARY ROAD
LAKELAND, FL 33801

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. **\$100.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **WELCH, TIMOTHY J.**
 STREET ADDRESS **1025 OLEANDER STREET**
 CITY-ST-ZIP **LAKELAND, FL**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME **NOEL, BERNIE**
 STREET ADDRESS **1829 GARY RD.**
 CITY-ST-ZIP **LAKELAND, FL**

STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE