2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A22900

1. Entity Name
F.A. ARCHER PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
% HINKLE & RICHTER 2600 NE 14TH ST. CAUSEWAY POMPANO BEACH, FL 33062	% HINKLE & RICHTER 2600 NE 14TH ST. CAUSEWAY POMPANO BEACH, FL 33062

01062004 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
31-1168749

Applied For
Not Applicable

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
ZEIHER, WILLIAM A. 100 NE THIRD AVE., SUITE 280 FT. LAUDERDALE, FL 33301	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 _____ DATE
If changing registered agent, type or print name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	$294,331.65	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 #		STREET ADDRESS	
NAME	ARCHER, THELMA M.	CITY-ST-ZIP	
STREET ADDRESS	2000 S. OCEAN DR. #1510		
CITY-ST-ZIP	FT. LAUDERDALE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000145749 05/03/04-80036-022 526.25
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CITY-ST-ZIP			

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 Partnership Trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #