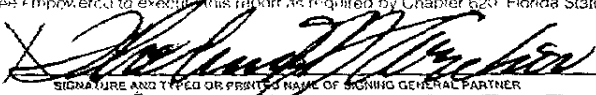


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A22900 1. Entity Name F.A. ARCHER PARTNERSHIP, LTD.					
Principal Place of Business % HINKLE & RICHTER 2600 NE 14TH ST. CAUSEWAY POMPANO BEACH, FL 33062			Mailing Address % HINKLE & RICHTER 2600 NE 14TH ST. CAUSEWAY POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		01062004 Chg-LP CR2E003 (10/03)	
4. FEI Number 31-1188749				Approved 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				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 _____ (Signature of either principal or partner of registered agent, or a 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 charged 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-STATE-ZIP	ARCHER, THELMA M. 2000 S. OCEAN DR. #1510 FT. LAUDERDALE, FL		STREET ADDRESS CITY-STATE-ZIP	_____	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	_____		STREET ADDRESS CITY-STATE-ZIP	_____	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	_____		STREET ADDRESS CITY-STATE-ZIP	_____	
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DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	_____		STREET ADDRESS CITY-STATE-ZIP	_____	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	_____		STREET ADDRESS CITY-STATE-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 partner, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

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