2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A22980

1. Entity Name
FELLSMERE INVESTORS, LTD.

Principal Place of Business	Mailing Address
215 BAYTREE DR STE 1 MELBOURNE, FL 32940	215 BAYTREE DR STE 1 MELBOURNE, FL 32940

01152004 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: 59-2796648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH H. GLOVER
215 BAYTREE DR
STE 1
MELBOURNE, FL 32940

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, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $112,500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H13781		
NAME	FELLSMERE DEV. CORP. INC ✓	STREET ADDRESS	
STREET ADDRESS	410 N. WICKHAM RD., #200		
CITY-ST-ZIP	MELBOURNE, FL	CITY-ST-ZIP	U00000090089 ~~03/17/04 00002 016 526.25~~
DOCUMENT #			
NAME	GLOVER, JOSEPH H.	STREET ADDRESS	
STREET ADDRESS	3109 S. MAIN STREET		
CITY-ST-ZIP	MELBOURNE, FL	CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #