

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Jul 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # A24586
1. Entity Name
CLOSSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 221 N.E. IVANHOE BLVD. ORLANDO, FL 32804
Mailing Address: PO BOX 547275 ORLANDO, FL 32854-7275

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

6. Name and Address of Current Registered Agent

**CLOSSON, RODNEY E
221 N.E. IVANHOE BLVD
ORLANDO, FL 32804**

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 date if applicable.

9. Capital Contributions as Shown on record: **\$1,675,000.00**
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 #	CLOSSON, RODNEY E	STREET ADDRESS	
NAME	221 NE IVANHOE BLVD	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32804		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(f), 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: *Rodney E. Closson* **RODNEY E. CLOSSON** 11-30-04 (407) 898-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #



06302004 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-2803863 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

STAPLE CHECK HERE