2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 10:39

DOCUMENT # A26355

1. Entity Name
MUM FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
P.O. BOX 231 LAKE WALES, FL 33859	P.O. BOX 231 LAKE WALES, FL 33859

03252004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
68 MAMMOTH GROVE ROAD	68 MAMMOTH GROVE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WALES, FL	City & State: LAKE WALES, FL
Zip: 33898-7330 Country:	Zip: 33898-7330 Country:

4. FEI Number 59-2886342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33853

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code 33898-7330

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. $990,000.00

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 #	648901	STREET ADDRESS	68 MAMMOTH GROVE ROAD
NAME	GINCO, INCORPORATED		
STREET ADDRESS	POST OFFICE BOX 231	CITY-ST-ZIP	LAKE WALES, FL 33898-7330
CITY-ST-ZIP	LAKE WALES, FL 338590231		
DOCUMENT #		STREET ADDRESS	
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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: Lawrence C. Updike 3/26/04 863-696-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
LAWRENCE C. UPDIKE, SECRETARY/TREASURER