

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 12 AM 10:39

DOCUMENT # A26357

1. Entity Name
PUK FAMILY LIMITED PARTNERSHIP



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

Mailing Address
**P.O. BOX 231
 LAKE WALES, FL 33859**



2. Principal Place of Business
68 MAMMOTH GROVE ROAD
 Suite, Apt. #, etc.

3. Mailing Address
68 MAMMOTH GROVE ROAD
 Suite, Apt. #, etc.

03252004 Chg-LP CR2E003 (10/03)

City & State
LAKE WALES, FL

City & State
LAKE WALES, FL

4. FEI Number
59-2886336

Applied For
 Not Applicable

Zip
33898-7330

Country

Zip
33898-7330

Country

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

DOCUMENT # **648899**
 NAME **JUP, INCORPORATED**
 STREET ADDRESS **P.O. BOX 231**
 CITY-ST-ZIP **LAKE WALES, FL 338590231**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **68 MAMMOTH GROVE ROAD**
 CITY-ST-ZIP **LAKE WALES, FL 33898-7330**

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200034826742
04/30/04--01027--016 **526.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LAWRENCE C. UPDIKE, SECRETARY/TREASURER

3/24/04

863-696-1487

Date

Daytime Phone #

STAPLE CHECK HERE