

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -3 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-2890630** Applied 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

WOLFORD, JACQUELINE A
3500 TUSKAWILLA RD S
OVIEDO, FL 32765

Name **Dorothea M. Fox, C.P.A.**
Street Address (P.O. Box Number is Not Acceptable)
5100 Old Howell Branch Road

City **Winter Park** FL Zip Code **32792**

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

Dorothea M. Fox

3-12-04

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

DATE

9. Capital Contributions as Shown on record. **\$71,540.00**

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 #
NAME **WOLFORD, DALE E**
STREET ADDRESS **2208 UNIVERSITY PARK**
CITY-ST-ZIP **CHICKASHA, OK 73018**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **WOLFORD, JACQUELINE D**
STREET ADDRESS **3500 TUSKAWILLA RD.S**
CITY-ST-ZIP **OVIEDO, FL 32765**

STREET ADDRESS **2208 University Park**
CITY-ST-ZIP **Chickasha, OK 73018**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **600036546096**
05/18/04--01034--011 **526.25

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STREET ADDRESS
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)(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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Dale E. Wolford

Dale E. Wolford

3/28/04 405-224-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE