

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A26958	
1. Entity Name EDGEWOOD FOUR SEASONS, LTD.	



Principal Place of Business 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308	Mailing Address 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

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

City & State	City & State
Zip	Country



04072004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1707932	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

**6. Name and Address of Current Registered Agent**

MOTTICE, H. JAY  
 2019 CENTRE POINTE BLVD., STE. 101  
 TALLAHASSEE, FL 32308

**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 \$87,500.00	10. Amount of Capital Contributions in FLORIDA to date. 0
---------------------------------------------------------	-----------------------------------------------------------

**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 #	P93000070515	STREET ADDRESS	
NAME	EDGEWOOD, INC.	CITY - ST - ZIP	
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101		
CITY - ST - ZIP	TALLAHASSEE, FL 32308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

UD00000131429  
 04/27/04-86005-011 141.25

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)(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 826, Florida Statutes.

SIGNATURE: [Signature], President, Edgewood, Inc. 4/12/04 850-386-2117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #