

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 10 PM 1:33

**DOCUMENT # A28290**  
 1. Entity Name  
 COUNTRY TIME #1, LTD.



Principal Place of Business  
 4835 W. EAU GALLIE BLVD.  
 MELBOURNE, FL 32934

Mailing Address  
 4835 W. EAU GALLIE BLVD.  
 MELBOURNE, FL 32934

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



02202004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 59-2946885

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CALDWELL, WILLIAM W  
 744 BEACHLAND BLVD.  
 VERO BEACH, FL 32963

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. - \$300.00

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 #	K85216	STREET ADDRESS	700 20TH STREET
NAME	COUNTRY TIME, INC.	CITY-ST-ZIP	VERO BEACH, FL 32960
STREET ADDRESS	5070 N. A-1-A SUITE C		
CITY-ST-ZIP	VERO BEACH, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200031363382
STREET ADDRESS			03/29/04--01112--008 **141.25
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NAME		CITY-ST-ZIP	
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** **2-20-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE