

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29304**

1. Entity Name  
**COOK FAMILY ENTERPRISES, LTD.**



Principal Place of Business  
**1526 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444**

Mailing Address  
**1526 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-2977160**

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

**BRYANT, ROWLETT W.  
833 HARRISON AVENUE  
PANAMA CITY, FL 32401**

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

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

DATE

9. Capital Contributions  
as Shown on record **\$1,748,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**GOWDY, FRANKIE L  
1526 COUNTRY CLUB DR.  
LYNN HAVEN, FL 32444**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

U00000160211  
05/13/04-80012-002 526.25

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)(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:**

*Frankie L. Gowdy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-29-04**

**(850)265-1944**