


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A30336 |  |
| 1. Entity Name MATSON PARTNERS, L.P., LTD. | |

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|--|--|
| Principal Place of Business 400 PALMETTO AVE. OSPREY, FL 34229 | Mailing Address 400 PALMETTO AVE. OSPREY, FL 34229 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



03252004 Chg-LP CR2E003 (10/03)

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|-----------------------------|--|
| 4. FEI Number 65-0169390 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| MATSON, J. RICHARD 400 PALMETTO AVE. OSPREY, FL 34229 | |

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| 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.

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|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

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| 9. Capital Contributions as Shown on record. \$0.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 | STREET ADDRESS | |
| NAME | MATSON, J. RICHARD | CITY-ST-ZIP | |
| STREET ADDRESS | 400 PALMETTO AVE. | | |
| CITY-ST-ZIP | OSPREY, FL | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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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.

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|--|---------------|-------------------------------|
| SIGNATURE:  | Date: 3/25/04 | Daytime Phone #: 941 966 5229 |
|--|---------------|-------------------------------|

STAPLE CHECK HERE