

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A30586 1. Entity Name THE STERN SECOND FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 16301 SONSOLES DRIVE-AVILA TAMPA, FL 33613			Mailing Address 16301 SONSOLES DRIVE-AVILA TAMPA, FL 33613		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03172004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3024860				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERN, CHARLES A. 16301 SONSOLES DRIVE-AVILA TAMPA, FL 33613			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$1,294,302.00		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		STREET ADDRESS		
STREET ADDRESS	16301 SONSOLES DR.-AVILA		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL			U00000120005 04/20/04 00006 010 526.25	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	STERN, LOIS B.		CITY-ST-ZIP		
CITY-ST-ZIP	16301 SONSOLES DR.-AVILA				
CITY-ST-ZIP	TAMPA, FL				
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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: <i>CS Stern</i> 4-9-04			Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE