

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

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32011**

1. Entity Name  
**FORT WALTON DEFENSE HOUSING, LTD.**



Principal Place of Business  
**PO BOX 4970  
C/O MARSHALL PROPERTIES, INC.  
RUMFORD, RI 02916**

Mailing Address  
**PO BOX 4970  
C/O MARSHALL PROPERTIES, INC.  
RUMFORD, RI 02916**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-1968358**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHESSER, D. MICHAEL  
1201 EGLIN PARKWAY  
SHALIMAR, FL 32579**

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.

**\$990.00**

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 # **L03069**  
NAME **FT. WALTON DEF. HSG., INC**  
STREET ADDRESS **1201 EGLIN PARKWAY**  
CITY- ST- ZIP **SHALIMAR, FL**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**00000169809**  
**02/29/04-80014-008 150.00**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE