

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 18 PM 3:20

DOCUMENT # A32446

1. Entity Name
 THE MOORE FAMILY LIMITED PARTNERSHIP I



Principal Place of Business
 4035 WEST GULF DR.
 SANIBEL, FL 33957

Mailing Address
 4035 WEST GULF DR.
 SANIBEL, FL 33957

2. Principal Place of Business
 4015 West Gulf Drive
 Suite, Apt. #, etc.

3. Mailing Address
 4015 West Gulf Drive
 Suite, Apt. #, etc.



02162004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 43-1623006

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

MOORE, JAMES HANDY
 4035 W. GULF DR.
 SANIBEL, FL 33957

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. \$1,623,830.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,623,830.00

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 MOORE, JAMES HANDY
 STREET ADDRESS 4035 W GULF DR.
 CITY-ST-ZIP SANIBEL ISLAND, FL 33957

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME MATTHEWS MOORE, DOROTHY
 STREET ADDRESS 4035 W. GULF DR.
 CITY-ST-ZIP SANIBEL ISLAND, FL 33957

STREET ADDRESS

CITY-ST-ZIP

000032024130
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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: J. Handy Moore J. Handy Moore Gen. Ptn. 15 Mar 04 239 472 1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE