

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

**DOCUMENT # A92000000262**

1. Entity Name  
**LARSON'S LODGES, LTD.**



**FILED**

2004 SEP -9 P 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**6075 W. IRLO BRONSON  
 KISSIMMEE, FL 34747**

Mailing Address  
**6075 W. IRLO BRONSON  
 KISSIMMEE, FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3156216**

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

**LARSON'S LODGES, INC.  
 2009 W. VINE STREET  
 KISSIMMEE, FL 34741**

Name **LARSON'S LODGES INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6075 W. 192**  
 City **KISSIMMEE** FL Zip Code **34742**

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 *Randy Larson* **RANDY LARSON**

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

DATE

9. Capital Contributions as Shown on record. **\$3,876,645.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P92000014336**  
 NAME **LARSON'S LODGES, INC.**  
 STREET ADDRESS **2009 W. VINE STREET**  
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

STREET ADDRESS **6075 W. 192**  
 CITY-ST-ZIP **KISSIMMEE, FL 34742**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 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

SIGNATURE: *Randy Larson* **RANDY LARSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **7/12/04** Daytime Phone # **407-396-6100**

STAPLE CHECK HERE