2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 11 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001064

1. Entity Name
OLSEN FAMILY PARTNERSHIP, LTD.

Principal Place of Business 2600 W. BLACK DIAMOND CIRCLE LECANTO, FL 34461	Mailing Address P.O.BOX 10000 CRYSTAL RIVER, FL 34423

04302004 Chg-LP CR2E003 (10/03)

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

4. FEI Number 59-3206751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, STANLEY C
2600 W. BLACK DIAMOND CIRCLE
LECANTO, FL 34461

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

9. Capital Contributions as Shown on record. S.A. Filed 503,343

10. Amount of Capital Contributions in FLORIDA to date. $503,343

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 #	G83483	STREET ADDRESS	
NAME	GULF TO LAKES REAL ESTATE, INC.		
STREET ADDRESS	PO BOX 10,000	CITY-ST-ZIP	300036068753 05/11/04--01080--017 **526.25
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423		
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STAPLE CHECK HERE

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: Stanley C. Olsen 4/30/04 352-746-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #