

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVED
AND
FILED

04 MAY 10 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001165

1. Entity Name

LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business

130 EAST CENTRAL AVENUE
LAKE WALES FL 33859-1079

Mailing Address

P.O. BOX 1079
LAKE WALES FL 33859-1079

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

59-3128851

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

MYERS, CORNEAL B
130 EAST CENTRAL AVENUE
LAKE WALES FL 33859-1079

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: Lucilla E. Keen Lucilla E. Keen, General Partner 5-18-2004
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions
as Shown on record.

\$3,698,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,698,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
CITY-ST-ZIP
KEEN, LUCILLA E
441 EAST TILLMAN AVENUE
LAKE WALES FL 33853

STREET ADDRESS
CITY-ST-ZIP
400037436774
06/01/04--01014--009 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
KEEN WITTEN, MARY JO
DEWEY BONNER RD., RT-1, BOX-140
ALICEVILLE AL 35442

STREET ADDRESS
CITY-ST-ZIP
2915 Saratoga Lane
Tuscaloosa, AL 35406

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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: Lucilla E. Keen
LUCILLA E. KEEN, General Partner

May 12, 2004

863-696-1295

Date

Daytime Phone #

STAPLE CHECK HERE