

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A93000001327

1. Entity Name

SEMINOLE HOUSE, LTD.



**FILED**

04 SEP 28 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

Principal Place of Business

4538 ST. TERESA BLVD.  
ST. TERESA FL 32358

Mailing Address

PO BOX 648  
PANACEA FL 32346

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3227910

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.  
1358 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name Cooper, Charles L Jr.  
 Street Address (P.O. Box Number is Not Acceptable) 3520 Thomasville Rd Suite 200  
 City Tallahassee FL Zip Code 32309

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]*

DATE

9/5/04

9. Capital Contributions as Shown on record.

\$200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☐

**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

DOCUMENT #  
NAME RAINEY, DENNETT I  
STREET ADDRESS 4538 ST TERESA BLVD.  
CITY-ST-ZIP ST TERESA BEACH FL 32358

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*[Signature]* Denmett I Rainey

9/5/04

STAPLE CHECK HERE