

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| DOCUMENT # A93000001456 | | | |  | |
| 1. Entity Name DEMETREE FAMILY PARTNERSHIP, LLLP | | | | | |
| Principal Place of Business 731 VASSAR STREET ORLANDO, FL 32804 | | | Mailing Address 731 VASSAR STREET ORLANDO, FL 32804 | | |
| 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 59-3224272 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DEMETREE, PAUL A 731 VASSAR STREET ORLANDO, FL 32804 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$283,860.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| 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 | | |
| | DEMETREE, PAUL A | | | | |
| | 2620 N. WESTMORLAND DRIVE | | CITY-ST-ZIP | | |
| | ORLANDO, FL 32804 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | DEMETREE, JOHN W | | | | |
| | 5857-A 21ST AVENUE WEST | | CITY-ST-ZIP | | |
| | BRADENTON, FL 34209 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | DEMETREE-DASHER, FRANCES | | | | |
| | 14255 SUMMERLIN AVE. | | CITY-ST-ZIP | | |
| | ORLANDO, FL 32806 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | DEMETREE-COWHERD, CECILIA | | | | |
| | 1227 NORTTINGHAM ST | | CITY-ST-ZIP | | |
| | ORLANDO, FL 32803 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | DEMETREE, ARTHUR J | | | | |
| | 316 PLANTATION CLUB DR. | | CITY-ST-ZIP | | |
| | DEBARY, FL 32713 | | | | |
| DOCUMENT # | NAME | | 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)(l), 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: Paul A. Demetree <i>[Signature]</i> | | | | 4-28-04 407-2410-0393 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | <small>Date Daytime Phone #</small> | |

STAPLE CHECK HERE

