

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000675 1. Entity Name GIMENEZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6100 RIVERVIEW BOULEVARD WEST BRADENTON, FL 34209			Mailing Address 6100 RIVERVIEW BOULEVARD WEST BRADENTON, FL 34209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GIMENEZ, JOSE L 6100 RIVERVIEW BOULEVARD WEST BRADENTON, FL 34209				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 _____ DATE _____					
9. Capital Contributions as Shown on record. \$1,340,588.00			10. Amount of Capital Contributions in FLORIDA to date. 321,110		
2/29/04					
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	GIMENEZ, JOSE L 6100 RIVERVIEW BLVD WEST BRADENTON, FL 34209		STREET ADDRESS CITY ST ZIP		
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	GIMENEZ, EILEEN M 6100 RIVERVIEW BLVD WEST BRADENTON, FL 34209		STREET ADDRESS CITY ST ZIP	000000094742 03/24/04-80001-018,526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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					



02292004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0482508** Applied For ☐ Not Applicable

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

STAPLE CHECK HERE