

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB -5 PM 12:10

DOCUMENT # A94000000689

1. Entity Name
R & M STEVES, LTD.



Principal Place of Business
**5905 LUCINA CT
 FT MYERS, FL 33908**

Mailing Address
**P.O. BOX 8888
 WINTER PARK, FL 32790**

2. Principal Place of Business

3. Mailing Address

390 N. Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32801

USA

01082004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3307351

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

**STEVES, RICHARD
 5905 LUCINA CT
 FT MYERS, FL 33908-6142**

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.

\$3,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

237,000.00

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 # **N/A**
 NAME **RICHARD W. STEVES REVOCABLE TRUST**
 STREET ADDRESS **5905 LUCINA CT**
 CITY-ST-ZIP **FT MYERS, FL 339086142**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

390 N Orange Ave, Suite 700

CITY-ST-ZIP

Orlando, FL 32801

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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

Bank of America NA, by Amy A. Bock, VP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/04

Date

407-646-3402

Daytime Phone #

STAPLE CHECK HERE