

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000830 1. Entity Name THE COLE FAMILY LIMITED PARTNERSHIP	
--	---

Principal Place of Business 1102 BEN FRANKLIN DRIVE APT 307 SARASOTA, FL 34236-2255	Mailing Address 1102 BEN FRANKLIN DRIVE APT 307 SARASOTA, FL 34236-2255
---	---

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 65-0506983	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
---	---

COLE, VERNON J 1102 BEN FRANKLIN DR APT. NO. 307 SARASOTA, FL 34236-2225	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. \$2,738,957.39	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 CITY - ST - ZIP	P98000055457 CFP CORP. 1102 BEN FRANKLIN DRIVE APT. 307 SARASOTA, FL 342362225	STREET ADDRESS CITY - ST - ZIP	
---	---	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

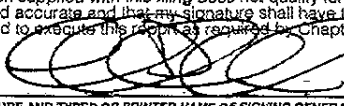
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME 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 2/23/04 Daytime Phone # 255-8581
--	--

STAPLE CHECK HERE



02032004 Chg-LP CR2E003 (10/03)

U00000102109
04/05/04-80001-016 526.25

Resident, CFP Corp, 65P.
 Charles D. Cole 2/23/04 255-8581