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	Mailing Address
1102 BEN FRANKLIN DRIVE APT 307 SARASOTA, FL 34236-2255	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

02032004 Chg-LP CR2E003 (10/03)

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

COLE, VERNON J
1102 BEN FRANKLIN DR APT. NO. 307
SARASOTA, FL 34236-2225

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
Signature, typed or printed name of registered agent and title if applicable.

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 #	P98000055457	STREET ADDRESS	
NAME	CFP CORP.		
STREET ADDRESS	1102 BEN FRANKLIN DRIVE APT. 307	CITY-ST-ZIP	U00000102109 04/05/04-80001-016 526.25
CITY-ST-ZIP	SARASOTA, FL 342362225		
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STAPLE CHECK HERE

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: Charles D. Cole President, CFP Corp, G.P. 2/23/04 859 255-8581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #