

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

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

**DOCUMENT # A94000001318**

1. Entity Name  
**THE HIBBS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**4131 N. RIVER VIEW AVE.**  
**TAMPA, FL 33609**

Mailing Address  
**4131 N. RIVER VIEW AVE.**  
**TAMPA, FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3273157**

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

**HIBBS, SAMUEL JR.**  
**4131 N. RIVER VIEW AVE.**  
**TAMPA, FL 33609**

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 **\$950,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**950,000.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME **HIBBS, SAMUEL G JR**  
 STREET ADDRESS **4131 N. RIVER VIEW AVE.**  
 CITY - ST - ZIP **TAMPA, FL 33609**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**000000159619**  
**05/10/04-80036-025 526.25**

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: **Samuel G Hibbs Jr** GP. **SAMUEL G HIBBS JR GP** **4/24/04** **813 348 9172**