


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A94000001551</b>                                 |  |
| 1. Entity Name<br><b>THE M.L. SPALDING LIMITED PARTNERSHIP</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2301 E. LK. HARTRIDGE DR.<br/>WINTER HAVEN FL 33881</b> | Mailing Address<br><b>2301 E. LK. HARTRIDGE DR.<br/>WINTER HAVEN FL 33881</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



MOORE CR2E003 (11/03)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>59-3280317</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SPALDING, W T III<br/>2301 E. LK. HARTRIDGE DR.<br/>WINTER HAVEN FL 33881</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 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 *W. T. Spalding III* DATE 4/4/04  
Signature, typed or printed name of registered agent and title if applicable

|                                                                    |                                                         |                                                                                      |
|--------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. <b>\$8,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|

**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 #                      |                                                 | STREET ADDRESS           |  |
| NAME                            | <b>W.T. SPALDING, III, CO-TRUSTEE</b>           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>2301 E. LK. HARTRIDGE DR.</b>                |                          |  |
| CITY-ST-ZIP                     | <b>WINTER HAVEN FL 33881</b>                    |                          |  |
| DOCUMENT #                      |                                                 | STREET ADDRESS           |  |
| NAME                            | <b>MARC GRIFFIN SPALDING, CO-TRUSTEE</b>        | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>1900 MOSELEY AVE.</b>                        |                          |  |
| CITY-ST-ZIP                     | <b>PALATKA FL 32077</b>                         |                          |  |
| DOCUMENT #                      |                                                 | STREET ADDRESS           |  |
| NAME                            | <b>JOHN CAMPBELL SPAULDING, CO-TRUSTEE</b>      | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>RT. 1 BOX 108</b>                            |                          |  |
| CITY-ST-ZIP                     | <b>BUNNELL FL 32110</b>                         |                          |  |
| DOCUMENT #                      |                                                 | STREET ADDRESS           |  |
| NAME                            | <b>MARGARET HUTT SPALDING MCNAB, CO-TRUSTEE</b> | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>P.O. BOX 1230</b>                            |                          |  |
| CITY-ST-ZIP                     | <b>FLAGLER BEACH FL 32136</b>                   |                          |  |
| DOCUMENT #                      |                                                 | STREET ADDRESS           |  |
| NAME                            | <b>SPALDING, W. T III</b>                       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>1815 HUNTINGTON AVENUE</b>                   |                          |  |
| CITY-ST-ZIP                     | <b>JACKSONVILLE FL 32223</b>                    |                          |  |
| DOCUMENT #                      |                                                 | STREET ADDRESS           |  |
| NAME                            | <b>SPALDING, MARC GRIFFIN</b>                   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>1900 MOSELEY AVENUE</b>                      |                          |  |
| CITY-ST-ZIP                     | <b>PALATKA FL 32077</b>                         |                          |  |

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: *W. T. Spalding III* *W. T. SPALDING III* DATE 4/4/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER