

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A94000001556 1. Entity Name TREPANIER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 5645 WEST LAKE MARY BOULEVARD LAKE MARY, FL 32746			Mailing Address 118 WEST ORANGE ST ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 430 N. Mills Avenue Suite, Apt. #, etc.		3. Mailing Address c/o Lefkowitz Bloom & Shaw 430 N. Mills Ave. Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3312137	
Zip 32803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY AND GOLDBERG, LLP 118 WEST ORANGE ST ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Ivan M. Lefkowitz Street Address (P.O. Box Number is Not Acceptable) 430 N. Mills Ave. City Orlando FL Zip Code 32803	
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 8-7-2004					
9. Capital Contributions as Shown on record. \$1,486,200.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # P94000045933 NAME TREPANIER ENTERPRISES, INC. STREET ADDRESS 5645 WEST LAKE MARY BLVD CITY-ST-ZIP LAKE MARY, FL 32746			STREET ADDRESS 430 N. Mills Avenue CITY-ST-ZIP Orlando, FL 32803		
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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:				Date 8-30-04 Daytime Phone # 740-286-1923	
Alfred J. Trepanier, President of the General Partner					

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