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2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Mar 19, 2004 08:00 AM**
Secretary of State**DOCUMENT # A94000001703**1. Entity Name
GREAT POTPOURRI, LTD.Principal Place of Business
**4525 MYRTLE ST.
EDGEWATER, FL 32141**Mailing Address
**PMB 354
1982 SR 44
NEW SMYRNA BEACH, FL 32168**

01142004 Chg-LP CR2E003 (10/03)

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
59-3298878Applied For
Not Applicable5. 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

**KELLEY, EOGHAN N
4525 MYRTLE ST
EDGEWATER, FL 32141**

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. **\$2,742,000.00**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 # **P94000086871**
NAME **GREAT POTPOURRI, INC.**
STREET ADDRESS **601 W. SEMINOLE BLVD.**
CITY-ST-ZIP **SANFORD, FL 32771**

STREET ADDRESS

CITY-ST-ZIP

U000000037391**03/26/04-80037-016 526.25**DOCUMENT #
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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: **Eoghan N Kelley, Inc.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

By **Eoghan N Kelley, President****3/16/04**

Date

Daytime Phone #

386 345 4811

STAPLE CHECK HERE