

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # A94000001802</b><br>1. Entity Name<br><b>CHAMPION FAMILY PARTNERSHIP, LTD.</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                              |
| Principal Place of Business<br><b>3375-G CAPITAL CIR. NE<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  | Mailing Address<br><b>3375-G CAPITAL CIR. NE<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                         |                                                                              |
| 2. Principal Place of Business<br><b>1804 Miccosukee Commons Dr.</b><br>Suite, Apt. #, etc.<br><b>Suite 204</b><br>City & State<br><b>Tallahassee, FL</b><br>Zip<br><b>32308</b> Country<br><b>US</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                  | 3. Mailing Address<br><b>1804 Miccosukee Commons Dr.</b><br>Suite, Apt. #, etc.<br><b>Suite 204</b><br>City & State<br><b>Tallahassee, FL</b><br>Zip<br><b>32308</b> Country<br><b>US</b>                                                                          |                                                                              |
| 4. FEI Number<br><b>59-3295239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                             |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMSON, W. FREDERICK<br/>3375-G CAPITAL CIR. NE<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br><b>John E. Champion, Jr.</b><br>Street Address (P.O., Box Number is Not Acceptable)<br><b>1804 Miccosukee Commons Dr. MJM</b><br><b>Suite 204</b><br>City<br><b>Tallahassee</b> FL Zip Code<br><b>32308</b> |                                                                              |
| 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.<br>SIGNATURE <b>John E. Champion, Jr.</b> DATE <b>1/7/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                   |                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                              |
| 9. Capital Contributions as Shown on record. <b>\$4,362,988.90</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$4,362,988.90</b> <b>\$526.25</b>                                                                                                                                                                      |                                                                              |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                                                                                                                                                                                    |                                                                              |
| <b>12. GENERAL PARTNER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  | <b>13. ADDRESS CHANGES ONLY</b>                                                                                                                                                                                                                                    |                                                                              |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>P94000092519</b><br><b>CHAMPION FAMILY CORPORATION, INC.</b><br><b>3375-G CAPITAL CIR. NE</b><br><b>TALLAHASSEE, FL 32308</b> | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                      | <b>1804 Miccosukee Commons Dr. Suite 204</b><br><b>Tallahassee, FL 32308</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                      | <b>700028052847</b><br><b>02/02/04--01082--005 **526.25</b>                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                      |                                                                              |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                      |                                                                              |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                      |                                                                              |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | STREET ADDRESS<br>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: <b>John E. Champion, Jr., Pres.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  | Date <b>1/7/04</b> Daytime Phone # <b>850-942-9915</b>                                                                                                                                                                                                             |                                                                              |

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