2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004 SECRETARY OF STATE DOCUMENT # A95000000005 DIVISION OF CORPORATIONS RINGHAVER FAMILY LIMITED PARTNERSHIP 04 FEB 17 PM 12: 46 Principal Place of Business Mailing Address P.O. BOX 30169 9797 GIBSONTON DRIVE RIVERVIEW, FL 33569 TAMPA, FL 33630-3169 2. Principal Place of Business 3. Mailing Address 8050 Phil PO Box 45022 02102004 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number Jacksonvi Jacksonville Not Applicable 59-3284538 Čountry \$8.75 Additional 5. Certificate of Status Desired 3223250a 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLBROOK, H. LEON. Street Address (P.O. Box Number is Not Acceptable) INDEPENDENT SQUARE ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202 City 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. † am familiar with, and accept the obligations of registered agent. - DATE. 9. Capital Contributions 10. Amount of Capital Contributions \$250,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. OOCUMENT # STREET ADDRESS NAME RINGHAVER, LANCE C STREET ADDRESS 9797 GIBSONTON DRIVE CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 33569 DOCUMENT # STREET ADDRESS RINGHAVER, RANDAL L NAME 000029794660 STREET ADDRESS 8050 PHILLIPS HIGHWAY CITY-ST-ZIP CITY -ST-ZIP JACKSONVILLE, FL 32256 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMEN

CITY-ST-ZIP

NAME STREET ADDRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER