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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Apr 14, 2004 08:00 AM Secretary of State **DOCUMENT # A95000000029** Entity Name CUSTOM HOMES BY BRYAN LENDRY, LTD. Mailing Address Principal Place of Business 4745 SUTTON PARK COURT, BLDG. 500, SUITE 5 4745 SUTTON PARK COURT, BLDG. 500, SUITE 5 111 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #, etc. 03242004 CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 59-3285688 Not Applicable \$8.75 Additional Country Ζip Country $Z_i p'$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BARTLETT, BARON Street Address (P.O. Box Number is Not Acceptable) 50 HIGHWAY A1A #103 PONTE VEDRA BEACH, FL 32082 Zip Code City 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 Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$114,969.00 as Shown on record. 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. P94000080516 DOCUMENT # STREET ADDRESS FIRST COAST DEVELOPMENT GROUP, INC. NAME STREET ADDRESS 4745 SUTTON PARK COURT, BLDG, 500, SUITE 5 CETY-ST-ZE JACKSONVILLE, FL 32224 Moduum: CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS U00000120652 CHY-SI-7P CITY-ST-ZIP <del>04/20/84 08015 832 526.25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY\_ST\_7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP 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 filling 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 agreequited by Chapter 620, Florida Statutes

**FILED** 

904-992-2400