

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A95000000049

1. Entity Name

THE BOYETT FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 18 PM 3:20

Principal Place of Business

7826 PINE FOREST ROAD
APT. B-13
PENSACOLA FL 32526

Mailing Address

101 BROWNSTONE
GALLATIN TN 37066

2. Principal Place of Business

7826 PINE FOREST ROAD

Suite, Apt. #, etc.

APT. K-1

3. Mailing Address

P.O. BOX 10185

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

JACKSON, TN

Zip

32526

Country

Zip

38308

Country

4. FEI Number

62-1596298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYETT, ANN W
7826 PINE FOREST ROAD
APT. B-13
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

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

Quinlan Stamps, P.O.A. for Ann W. Boyett

3-15-04

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT #
NAME BOYETT, ANN W
STREET ADDRESS 7830 PINE FOREST RD., APT. C-13
CITY-ST-ZIP PENSACOLA FL 32526

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Quinlan Stamps, P.O.A. for Ann W. Boyett

Date

Daytime Phone #

3-15-04 424-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE