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

SIGNATURE:

## Mar 25, 2004 08:00 AM **DOCUMENT # A95000000374 Secretary of State** ROCHE FAMILY PARTNERSHIP, LTD. Mailing Address Principal Place of Business 1414 MAIN STREET, SUITE 4 1414 MAIN STREET, SUITE 4 CHIPLEY FL 32428 CHIPLEY FL 32428 2. Annoipal Place of Business 3. Mailing Address Suite, Apt. #, etc. Stite Act. # etc. CR2E003 (11/03) City & State 4. FEI Number Applied For City & State 59-3327484 Not Applicable Country Zισ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROCHE, SIDNEY J JR Street Address (P.O. Box Number is Not Acceptable) 1414 MAIN STREET, SUITE 4 CHIPLEY FL 32428 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sgnature, typed or printed name of registered agent and tall displayed approaches 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$1,000,00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY SOCIMENT # STREET ADORESS NAME ROCHE, SIDNEY J JR. STREET ADDRESS 1414 MAIN STREET, SUITE 4 CITY-ST-7(P CITY - ST - ZIP CHIPLEY FL 32428 U00000102632 04/05/04-88023-009 150.00 DOCUMENT # STREET ADDRESS MALME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- 78P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-SE-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 14. Thereby 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 empowers (to execute this report as required by Chapter 620, Florida Statutes).

**FILED** 

Sidney J, Kocke, JR 3-22-04 850/638-3434