## 12004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## **DOCUMENT # A95000000805** FILED WEST LAKELAND LAND COMPANY LIMITED **PARTNERSHIP** 04 APR 20 PM 3: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2600 SOUTH FLORIDA AVENUE, SUITE 100 2600 SOUTH FLORIDA AVENUE, SUITE 100 LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 59-3316011 Not Applicable Zip 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 FRIDOVICH, ANTHONY S Street Address (P.O. Box Number is Not Acceptable) 2600 SOUTH FLORIDA AVENUE, STE. 100 LAKELAND, FL 33803 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 -Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$4,500,100.00 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 12. 13. ADDRESS CHANGES ONLY DOCUMENT / P95000040929 STREET ADDRESS FRIDOVICH HOLDINGS, INC. NAME STREET ADDRESS 2600 SOUTH FLORIDA AVENUE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33803 <del>\_90003579704</del>9 05/10/04--01030--022 \*\*<u>52</u>0 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P 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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER