


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

AND  
FILED

04 APR 26 PM 3:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A95000001030</b>	
1. Entity Name LBCO PROPERTIES, LTD.	

Principal Place of Business 5603 CHUMUCKLA HIGHWAY PACE, FL 32571	Mailing Address P.O. BOX 3622 MILTON, FL 32572-3622
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3329057	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARCUS, HAROLD E JR. <del>7640 RIVER ROAD</del> 5603 Chumuckla Highway <del>MILTON, FL 32583</del> Pace, FL 32571		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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$9,695,857.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000052914	STREET ADDRESS	
NAME	LBCO PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5603 CHUMUCKLA HIGHWAY		
CITY-ST-ZIP	PACE, FL 32571		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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:

*Harold E. Marcus, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HAROLD E. MARCUS, JR

4/23/04

Date

850/623-1202

Daytime Phone #

STAPLE CHECK HERE