

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

**DOCUMENT # A95000001124**

1. Entity Name  
**THE DAVID H. SMITH FAMILY LIMITED PARTNERSHIP**



**FILED**  
**04 JUN -4 PM 3:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**11550 MANDARIN COVE LN.**  
**JACKSONVILLE, FL 32223**

Mailing Address  
**11550 MANDARIN COVE LN.**  
**JACKSONVILLE, FL 32223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**57-1038598**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, DAVID H**  
**11550 MANDARIN COVE LN.**  
**JACKSONVILLE, FL 32223**

**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

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

DATE

9. Capital Contributions  
 as Shown on record. **\$40,000.00**

10. Amount of Capital Contributions  
 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.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SMITH, DAVID H**  
**11550 MANDARIN COVE LN.**  
**JACKSONVILLE, FL 32223**

STREET ADDRESS  
 CITY-ST-ZIP

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**300037845323**  
**06/10/04--01047--003 \*\*227.50**

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**300037845323**  
**06/10/04--01047--004 \*\*141.25**

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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:**

*DAVID H SMITH*  
**DAVID H SMITH, Gen Partner**

**4-15-04**

Date

Daytime Phone #

STAPLE CHECK HERE