

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB -9 PM 2:26

DOCUMENT # A95000001281

1. Entity Name
 POE FAMILY INVESTMENT COMPANY, LTD.



Principal Place of Business
 511 BAY STREET, SUITE 400
 TAMPA, FL 33606

Mailing Address
 511 BAY STREET, SUITE 400
 TAMPA, FL 33606



2. Principal Place of Business
 302 KNIGHTS RUN AVENUE

3. Mailing Address
 302 KNIGHTS RUN AVENUE

Suite, Apt. #, etc.
 SUITE 700

Suite, Apt. #, etc.
 SUITE 700

City & State
 TAMPA, FL

City & State
 TAMPA, FL

Zip
 33602

Country
 USA

Zip
 33602

Country
 USA

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3337121

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POE, WILLIAM F SR
 POE INVESTMENTS, INC.
 302 KNIGHTS RUN AVENUE, STE. 700
 TAMPA, FL 33602

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. \$24,924,463.00

10. Amount of Capital Contributions
 in FLORIDA to date. \$30,178,454.00

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 # P94000083012
 NAME POE INVESTMENTS, INC.
 STREET ADDRESS 511 BAY STREET, SUITE 400
 CITY-ST-ZIP TAMPA, FL 33606

STREET ADDRESS 302 KNIGHTS RUN AVENUE, STE. 700
 CITY-ST-ZIP TAMPA, FL 33602

DOCUMENT #
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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:

William F. Poe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM F. POE, SR.

3/4/04 813/259-9076
 Date Daytime Phone #

STAPLE CHECK HERE