


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 8, 2004**

**FILED**  
**Sep 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001463</b>	
<b>1. Entity Name</b> THE GILLMAN FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> C/O PARNES 6491 SE COUNTY RD. 326 GULF HAMMOCK FL 32639	<b>Mailing Address</b> P.O. BOX 358 GULF HAMMOCK FL 32639
---	---

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (4/04)

<b>4. FEI Number</b> 65-0659944	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>	
GILLMAN, RONALD C 6491 SE COUNTY RD 326 GULF HAMMOCK FL 32639	

<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
--	-------------

<b>9. Capital Contributions as Shown on record.</b> \$5,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>
---	--

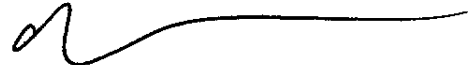
**11. FILE NOW!!! Due by September 8, 2004!**  
**See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.** ☒

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
	GILLMAN, RONALD C		
<b>STREET ADDRESS</b>	6491 SE COUNTY RD. #326	<b>CITY-ST-ZIP</b>	
	GULF HAMMOCK FL 32639		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	

400000172557  
09/28/04-80001-013 141.25

**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

8-9-04

352-486-2147

Date

Daytime Phone #

STAPLE CHECK HERE