2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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## FILED Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # A95000001496 1. Entity Name THE GARBER FAMILY PARTNERSHIP, LTD. Mailing Address Principal Place of Business 775 TYLER DRIVE SARASOTA FL 34236 775 TYLER DRIVE SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-0616959 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARBER, RUDOLPH C JR Street Address (P.O. Box Number is Not Acceptable) 775 TYLER DRIVE SARASOTA FL 34236 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 life if applicable. 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$597,800.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS NAME GARBER, RUDOLPH C JR. STREET ADDRESS 775 TYLER DRIVE CITY-ST-ZIP CITY - ST - ZIP SARASOTA FL 34236 DOCUMENT # U00000069571 STREET ADDRESS GARBER, JOCELYN F NAME <del>02/20/04-00010-007-576.7</del> STREET ADDRESS 775 TYLER DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-78 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF 14. Thereby 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