

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 AUG 26 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000012

1. Entity Name
PARTINGTON FAMILY LIMITED PARTNERSHIP NO. 2



Principal Place of Business
**3012 EMBASSY DRIVE
WEST PALM BEACH, FL 33401**

Mailing Address
**3012 EMBASSY DRIVE
WEST PALM BEACH, FL 33401**

2. Principal Place of Business
**525 South Flagler Drive
Suite, Apt. #, etc. **22-F**
City & State **West Palm Beach, FL 33401****

3. Mailing Address
**92 EDGERSTONE ROAD
Suite, Apt. #, etc. _____
City & State **PRINCETON, N.J.**
Zip **08540****

08102004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0628457

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

6. Name and Address of Current Registered Agent
**PARTINGTON, SUSAN
3012 EMBASSY DRIVE
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
Name **SUSAN (PARTINGTON) PICKERING**
Street Address (P.O. Box Number is Not Acceptable)
**525 South Flagler Drive
City **West Palm Beach** FL **33401****

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 **Susan (Partington) Pickering, General Partner** **Aug 14, 2004**

9. Capital Contributions as Shown on record. **\$207,895.00**

10. Amount of Capital Contributions in FLORIDA to date. **207,895.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #		STREET ADDRESS	
NAME	PARTINGTON, SUSAN T	CITY-ST-ZIP	
STREET ADDRESS	3012 EMBASSY DRIVE		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
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09/15/04-01022-003 **526.25

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: **Susan Partington Pickering** **SUSAN PARTINGTON PICKERING** **Aug 14, 2004** **861-833-1763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

or 609-924-0843 Aug. 14, 2004
or 509-627-5645 Sept. 1, 2004

STAPLE CHECK HERE