

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000092 1. Entity Name THE FRANCES R. FORD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 513 N. RIVERSIDE DRIVE EDGEWATER, FL 32132			Mailing Address P.O. BOX 425 NEW SMYRNA BEACH, FL 32170		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent FORD, FRANCES R 513 N. RIVERSIDE DRIVE EDGEWATER, FL 32132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 59-3352702		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
9. Capital Contributions as Shown on record. \$5,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$357,369		
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		
	STREET ADDRESS		CITY-ST-ZIP		
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4. FEI Number **59-3352702** Applied For ☐ Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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	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:

3-18-04

SAMPLE USE ONLY