


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A96000000259</b>	
1. Entity Name <b>LEGAL PRO, LTD.</b>	

Principal Place of Business P.O. BOX 55441 ST. PETERSBURG, FL 33732	Mailing Address P.O. BOX 55441 ST. PETERSBURG, FL 33732
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>GRAHAM, PETER D 5200 CENTRAL AVE. ST. PETERSBURG, FL 33707</b>	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$125,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$6,000.00</b>
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**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 #	P98000075260	STREET ADDRESS	
NAME	COM-TWO, INC.	CITY-ST-ZIP	
STREET ADDRESS	8401 - 9TH ST. NORTH, STE. E		
CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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:** Howard M Crosby 4/9/04 727-579-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**

04 MAY 18 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



04092004 Chg-LP CR2E003 (10/03) **5/18**  
4. FEI Number **59-3362852** Applied For Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

STAPLE CHECK HERE