2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 MAY 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A96000000468

1. Entity Name
THE WILLIAM B. LAMBERT FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2207 GULF SHORE BLVD. N., #D4 NAPLES, FL 34102	5147 CASTELLO DRIVE NAPLES, FL 34103-8929

03082004 Chg-LP CR2E003 (10/03) 5/20

2. Principal Place of Business	3. Mailing Address
160 MOORINGS PARK DRIVE	4099 TAMIAMI TRAIL N
Suite, Apt. #, etc.: J-504	Suite, Apt. #, etc.: SUITE 200
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34105 Country:	Zip: 34103 Country:

4. FEI Number: 65-0622599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBERT, WILLIAM B 2207 GULF SHORE BLVD N. NAPLES, FL 34102	Name: LAMBERT, WILLIAM B. Street Address (P.O. Box Number is Not Acceptable): 160 MOORINGS PARK DRIVE # J-504 City: NAPLES **FL** Zip Code: 34105

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: Evelyn K Lambert William B Lambert Mar 17-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$2,500,000.00	

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	160 MOORINGS PARK DRIVE # J-504
NAME	LAMBERT, WILLIAM B TRUSTEE	CITY-ST-ZIP	NAPLES FL 34105
STREET ADDRESS	2207 GULF SHORE BLVD		
CITY-ST-ZIP	N. NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	160 MOORINGS PARK DRIVE # J-504
NAME	LAMBERT, EVELYN K TRUSTEE	CITY-ST-ZIP	NAPLES FL 34105
STREET ADDRESS	2207 GULF SHORE BLVD		
CITY-ST-ZIP	N. NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800037852458
STREET ADDRESS			06/10/04--01082--019 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: William B Lambert WILLIAM B. LAMBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #