

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A96000000630**

1. Entity Name  
**AUNT E'S LIMITED PARTNERSHIP**



FILED

04 MAY 28 PM 12:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O AUNT E'S MANAGEMENT COMPANY  
 202 HEATHERPOINT DRIVE  
 LAKELAND, FL 33809**

Mailing Address  
**C/O AUNT E'S MANAGEMENT COMPANY  
 202 HEATHERPOINT DRIVE  
 LAKELAND, FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222003

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3370714**

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

**TRISSEL, RONALD L  
 202 HEATHERPOINT DRIVE  
 LAKELAND, FL 33809**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable.

DATE

9. Capital Contributions  
 as Shown on record.

**\$10.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

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 # **P96000026630**  
 NAME **AUNT E'S MANAGEMENT COMPANY**  
 STREET ADDRESS **202 HEATHERPOINT DRIVE**  
 CITY-ST-ZIP **LAKELAND, FL 33809**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900037813269**

**06/09/04--01068--025 \*\*158.75**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 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:** *Ronald L. Trissel* **Ronald L. Trissel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5/2/04 863 859-4535**

Date

Daytime Phone #

STAPLE CHECK HERE