

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000001134

1. Entity Name
NORTHUP FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1231 2ND ST.
 SARASOTA, FL 34236**

Mailing Address
**2077 MISTY SUNRISE TRAIL
 SARASOTA, FL 34240**

2. Principal Place of Business
3247 Enclave Bay Dr

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Chattanooga, TN

City & State
Chattanooga, TN

Zip
37415

Country
USA

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0672901

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

6. Name and Address of Current Registered Agent
**NORTHUP, RONALD S
 2900 CHEROKEE TERR
 SARASOTA, FL 34239**

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

8. The above named agent has signed 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 the registered agent.

SIGNATURE DATE **4/21/04**

9. Capital Contributions as Shown on record. **\$2,021,465.60**

10. Amount of Capital Contributions in FLORIDA to date. **\$732,000.00**

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 #	NORTHUP, RONALD S	STREET ADDRESS	3247 Enclave Bay Dr
NAME	1231 2ND ST.	CITY-ST-ZIP	Chattanooga, TN 37415
STREET ADDRESS	SARASOTA, FL 34236		
CITY-ST-ZIP		STREET ADDRESS	3247 Enclave Bay Dr
		CITY-ST-ZIP	Chattanooga, TN 37415
DOCUMENT #	NORTHUP, DIANE T		
NAME	1231 2ND ST.		
STREET ADDRESS	SARASOTA, FL 34236		
CITY-ST-ZIP			
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NAME			
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DOCUMENT #			
NAME			
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: DATE **4/21/04** Daytime Phone # **(941) 378-5956**

STAPLE CHECK HERE