


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A96000001146		
1. Entity Name THE WENTZEL FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 4963 SABAL LAKE CIR. SARASOTA, FL 34238	Mailing Address 4963 SABAL LAKE CIR. SARASOTA, FL 34238
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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



03022004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0677268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WENTZEL, EDWIN JR. 4963 SABAL LAKE CIR. SARASOTA, FL 34238	

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 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. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 5,000,000.00
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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 #	NAME	STREET ADDRESS	
STREET ADDRESS	EDWIN WENTZEL, JR., TRUSTEE	CITY - ST - ZIP	
CITY - ST - ZIP	4963 SABAL LAKE CIR. SARASOTA, FL 34238		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	RITA WENTZEL, TRUSTEE	CITY - ST - ZIP	
CITY - ST - ZIP	4963 SABAL LAKE CIR. SARASOTA, FL 34238		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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04/05/04-80068-016 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* TITLE *3/22/04* 94A-349-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE