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

STAPL

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A96000001240** 1. Entity Name APALACHEE ENTERPRISES, LTD. 04 APR -7 AM 10: 46 Principal Place of Business Mailing Address 625 E. TENNESSEE, STE-200 212 HOFFMAN DR. TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32312 241 Finewood 2. Principal Place of Business 241 PINEWOOD 3. Mailing Address Sa<u>me</u> Suite. Apt. #. etc. Suite, Apt. #, etc 03222004 Chg-LP CR2E003 (10/03) City & State, Tallahassee City & State 4. FEI Number Applied For 59-3392233 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWEN WILDE, JUDITH Street Address (P.O. Box Number is Not Acceptable) 212 HOFFMAN DR TALLAHASSEE, FL 32312 City Zip Code FL 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 9. Capital Contributions 10, Amount of Capital Contributions \$24,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME OWEN, WILLIAM C STREET ADDRESS 2803 RABBIT HILL ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32312 DOCUMENT # 300032969253 04/18/04-01054-008 \*\*256 STREET ADDRESS NAME WILDE, JUDITH O STREET ADDRESS 212 HOFFMAN DRIVE CITY-SI-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32312 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Uhereby 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 Judith O. Wilde SIGNATURE: