


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

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| DOCUMENT # A96000001345                                    |  |  |
| 1. Entity Name<br>BRADFORDVILLE PHIPPS LIMITED PARTNERSHIP |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>3935 OLD MILL RUN<br>TALLAHASSEE, FL 32312 | Mailing Address<br>3935 OLD MILL RUN<br>TALLAHASSEE, FL 32312 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



03222004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3398907 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                    |
|---|------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fees Required |
|---|------------------------------------|

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent        |          |
| GIUDICE, WILLIAM A<br>3935 OLD MILL RUN<br>TALLAHASSEE, FL 32312 |  | 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<br>as Shown on record. \$1,137,500.00 | 10. Amount of Capital Contributions<br>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.**

| 12. GENERAL PARTNER INFORMATION                         |  | 13. ADDRESS CHANGES ONLY          |   |
|---|--|-----------------------------------|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P96000053915<br>BRADFORDVILLE LAND COMPANY, INC.<br>3935 OLD MILL RUN<br>TALLAHASSEE, FL 32312 | STREET ADDRESS<br>CITY - ST - ZIP | U00000120854<br>04/20/04-80025-012-526-25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>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:  | 3/22/04 850 431-5238 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER<br>Bradfordville Land Comp      | Date Daytime Phone # |