


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

|                                                          |  |                                                                                   |
|----------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A96000001361</b>                           |  |  |
| 1. Entity Name<br><b>FORE FAMILY LIMITED PARTNERSHIP</b> |  |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>901 EAST 2ND PLAZA<br/>PANAMA CITY FL 32401</b> | Mailing Address<br><b>901 EAST 2ND PLAZA<br/>PANAMA CITY FL 32401</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |



MOORE CR2E003 (11/03)

|                                                 |  |                                             |  |
|-------------------------------------------------|--|---------------------------------------------|--|
| 6. Name and Address of Current Registered Agent |  | 7. Name and Address of New Registered Agent |  |
|-------------------------------------------------|--|---------------------------------------------|--|

|                                                                        |                                                    |
|------------------------------------------------------------------------|----------------------------------------------------|
| <b>FORE, NATALIE L<br/>901 EAST 2ND PLAZA<br/>PANAMA CITY FL 32401</b> | Name                                               |
|                                                                        | Street Address (P.O. Box Number is Not Acceptable) |
|                                                                        | City                                               |
|                                                                        | State <b>FL</b> 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. <b>\$506,500.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|

**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 #                      | <b>FORE, NATALIE L<br/>901 EAST 2ND PLAZA<br/>PANAMA CITY FL 32401</b> | STREET ADDRESS           | <b>000000102034<br/>04/05/04-80001-001 528.25</b> |
| NAME                            |                                                                        | CITY-ST-ZIP              |                                                   |
| STREET ADDRESS                  |                                                                        | CITY-ST-ZIP              |                                                   |
| DOCUMENT #                      |                                                                        | STREET ADDRESS           |                                                   |
| NAME                            |                                                                        | CITY-ST-ZIP              |                                                   |
| STREET ADDRESS                  |                                                                        | CITY-ST-ZIP              |                                                   |
| DOCUMENT #                      |                                                                        | STREET ADDRESS           |                                                   |
| NAME                            |                                                                        | CITY-ST-ZIP              |                                                   |
| STREET ADDRESS                  |                                                                        | CITY-ST-ZIP              |                                                   |
| DOCUMENT #                      |                                                                        | STREET ADDRESS           |                                                   |
| NAME                            |                                                                        | CITY-ST-ZIP              |                                                   |
| STREET ADDRESS                  |                                                                        | CITY-ST-ZIP              |                                                   |
| DOCUMENT #                      |                                                                        | STREET ADDRESS           |                                                   |
| NAME                            |                                                                        | CITY-ST-ZIP              |                                                   |
| STREET ADDRESS                  |                                                                        | CITY-ST-ZIP              |                                                   |
| DOCUMENT #                      |                                                                        | STREET ADDRESS           |                                                   |
| NAME                            |                                                                        | CITY-ST-ZIP              |                                                   |
| STREET ADDRESS                  |                                                                        | 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:** Natalie L Fore **3-22-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #