

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001506

**FILED**  
**Feb 06, 2004**  
**Secretary of State**

**Entity Name:** CHAPMAN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

P.O. BOX 14760  
BRADENTON, FL 342804760

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14760  
BRADENTON, FL 342804760

**New Mailing Address:**

**FEI Number:** 65-0688655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPMAN, CLIFFORD E  
1400 99TH STREET, N.W.  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 1,225,652.00

**Amount of Capital Contributions in Florida to date:** 1,225,652.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: CHAPMAN, CLIFFORD E  
Address: 1400 - 99TH STREET, N.W.  
City-St-Zip: BRADENTON, FL 34209

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** CLIFFORD E. CHAPMAN

GP

02/06/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date