

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001564

1. Entity Name
THE VARNUM FAMILY LIMITED PARTNERSHIP



Principal Place of Business
11930 WALTER HUNTER ROAD 90
LITHIA, FL 33547

Mailing Address
11930 WALTER HUNTER ROAD 90
LITHIA, FL 33547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-3418018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARNUM, A.H.
11930 WALTER HUNTER ROAD
LITHIA, FL 33547

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

Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record \$500,000.00

10. Amount of Capital Contributions 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 #
NAME: VARNUM, A.H. TRUSTEE
STREET ADDRESS: 11930 WALTER HUNTER ROAD
CITY-STATE-ZIP: LITHIA, FL 33547

STREET ADDRESS:
CITY-STATE-ZIP: 000000157800
05/06/04-80043-008 526.25

DOCUMENT #
NAME: VARNUM, PATRICIA TRUSTEE
STREET ADDRESS: 11930 WALTER HUNTER ROAD
CITY-STATE-ZIP: LITHIA, FL 33547

STREET ADDRESS:
CITY-STATE-ZIP:

DOCUMENT #
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

STREET ADDRESS:
CITY-STATE-ZIP:

DOCUMENT #
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

STREET ADDRESS:
CITY-STATE-ZIP:

DOCUMENT #
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

STREET ADDRESS:
CITY-STATE-ZIP:

DOCUMENT #
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

STREET ADDRESS:
CITY-STATE-ZIP:

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:

A. H. Varnum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04
Date

Daytime Phone #

STAPLE CHECK HERE