

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 JUL -2 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06302004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3409156**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHERRARD, PETER A JR  
6680 W NEWBERRY RD  
GAINESVILLE, FL 32605

**7. Name and Address of New Registered Agent**

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 as Shown on record, <b>\$1,250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P96000081582	STREET ADDRESS	
NAME	FOUR KIDS INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	6680 W NEWBERRY RD		
CITY-ST-ZIP	GAINESVILLE, FL 32605		
DOCUMENT #		STREET ADDRESS	000039538330
NAME		CITY-ST-ZIP	07/26/04--01069--024 **846.25
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STREET ADDRESS			
CITY-ST-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:** *Andrew P. Sherrard* **Andrew P. Sherrard** **6/30/04** **(352) 332-5500 x123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE