

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****FILED****Apr 09, 2004 08:00 AM**
Secretary of State**DOCUMENT # A96000002149****1. Entity Name**
REW FAMILY PARTNERSHIP, LTD.**Principal Place of Business**
8330 SANDERLING ROAD
SARASOTA, FL 34242**Mailing Address**
8330 SANDERLING ROAD
SARASOTA, FL 34242**2. Principal Place of Business****3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-LP

CR2E003 (10/03)

4. FEI Number**59-3413896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****HILL, WARD & HENDERSON**
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602-0000

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.**\$1,125,220.00****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****DOCUMENT #**
NAME **WHITE, R. ELTON**
STREET ADDRESS **8330 SANDERLING ROAD**
CITY-ST-ZIP **SARASOTA, FL 34242****DOCUMENT #**
NAME **WHITE, GORDON ANN**
STREET ADDRESS **8330 SANDERLING ROAD**
CITY-ST-ZIP **SARASOTA, FL 34242****DOCUMENT #**
NAME
STREET ADDRESS
CITY-ST-ZIP**DOCUMENT #**
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CITY-ST-ZIP**DOCUMENT #**
NAME
STREET ADDRESS
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

000000114897
04/16/04-80002-016 526.25

STREET ADDRESS

CITY-ST-ZIP

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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)(f), 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:***R Elton White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**4-5-04 941 349-0864**

Date

Daytime Phone #

STAPLE CHECK HERE