

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

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

**DOCUMENT # A96000002247**

1. Entity Name  
**LANDRUM FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**6723 PLANTATION RD.  
PENSACOLA, FL 32504**

Mailing Address  
**PO BOX 15698  
PENSACOLA, FL 32514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3421930**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LANDRUM, H. BRITTON JR.  
4050 BEDEVERE DRIVE  
PENSACOLA, FL 32504**

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

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

DATE

9. Capital Contributions  
as Shown on record **\$823,200.00**

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 # **L03000025075**  
NAME **B & N, LLC**  
STREET ADDRESS **6723 PLANTATION RD.**  
CITY ST ZIP **PENSACOLA, FL 32504**

STREET ADDRESS  
CITY ST ZIP

DOCUMENT #  
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**L00000157721**  
**05/06/04 80037-023 526.25**

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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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**(850) 477-7022**

Date

Daytime Phone #

STAPLE CHECK HERE