

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A96000002277

1. Entity Name
STEVENSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
5026 KESTRAL PKWY S
SARASOTA, FL 34231

Mailing Address
5026 KESTRAL PKWY S
SARASOTA, FL 34231

2. Principal Place of Business

3. Mailing Address

P.O. Box 1011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ARCADIA, FL

Zip

Country

Zip

Country

34265

USA

07162004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0718340

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

STEVENSON, BAYNE
3521 SHORE LANE
BOCA GRANDE, FL 33921

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.

\$607,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # P96000099947
NAME N. B. TURNER ENTERPRISES, INC.
STREET ADDRESS 4 WEST OAK STREET, SUITE E
CITY-ST-ZIP ARCADIA, FL 33821

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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)(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:

Bayne Stevenson
BAYNE STEVENSON

8/9/04

(603)643-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

04 AUG 16 PM 2:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



STAPLE CHECK HERE