


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

FILED

04 FEB 25 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A96000002328</b>	
1. Entity Name SUBEMA, LTD.	

Principal Place of Business 837 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312	Mailing Address P.O. BOX 2235 TALLAHASSEE, FL 32316
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3418684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LANGFORD, MARIAN L 837 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. \$2,549,268.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	GRAVES, ELIZABETH T 4216 CHIPPAWA DRIVE JACKSONVILLE, FL 32210	STREET ADDRESS CITY-ST-ZIP	500030119755 03/09/04--01056--020 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LANGFORD, MARIAN L 837 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BUTZ, SUSAN L 3506 COUNTRY HILL DRIVE FAIRFAX, VA 22030	STREET ADDRESS CITY-ST-ZIP	2136 NW 28th St. Gainesville, FL 32605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Marian L. Langford 2-22-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #