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

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SIGNATURE:

## Mar 05, 2004 08:00 AM DOCUMENT # A96000002479 **Secretary of State** 1. Entity Name WHEELOCK FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1324 SEVEN SPRINGS BLVD., #101 1324 SEVEN SPRINGS BLVD., #101 **NEW PORT RICHEY, FL 34655** NEW PORT RICHEY, FL 34655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Swite, Apt #, etc. 02202004 CR2E003 (10/03) Čity & State City & State 4. FEI Number Applied For 59-3419107 Not Applicable Zin Country Zio Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORDON, BRUCE H C/O SHUMAKER, LOOP & KENDRICK, LLP Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., STE. 2800 TAMPA, FL 33602 Zip Code 3. 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 fille if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,590,343.98 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME WHEELOCK, GARY K STREET ADDRESS 1324 SEVEN SPRINGS BLVD., #101 CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34655 DOCUMENT # STREET ADORESS U000000090126 WHEELOCK, NANCY J 1324 SEVEN SPRINGS BLVD., #101 03/17/04-80005-008 526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34655 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY-ST-ZP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT & STREET ADDRESS STREET ADDRESS CRY-ST-ZIP C31Y-57-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED