

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

APPROVED  
AND  
FILED

04 APR -9 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A96000002481**

1. Entity Name  
**THE BAND FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**240 S. PINEAPPLE AVENUE  
10TH FLR  
SARASOTA, FL 34236**

Mailing Address  
**P.O. BOX 49948  
SARASOTA, FL 34230-6948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0733798**

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

**BAND, DAVID S  
240 S. PINEAPPLE AVENUE  
10TH FLR  
SARASOTA, FL 34236**

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. **\$13,769.00**

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 # **615740**  
NAME **DSB, INC.**  
STREET ADDRESS **240 S. PINEAPPLE AVENUE**  
CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS

CITY-ST-ZIP

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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

**David S. Band, Director of  
DSB, Inc., General Partner**

**3/11/04**

**941-366-6660**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE