

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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002486**

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



Principal Place of Business  
**7937 PINE LAKE ROAD  
JACKSONVILLE, FL 32256**

Mailing Address  
**C/O 2603 SHADES CLIFF CIRCLE  
JASPER, AL 35504**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3421847

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BRANT, ABRAHAM, REITER & MCCORMICK PA  
50 NORTH LAURA STREET, SUITE 3100  
JACKSONVILLE, FL 32202**

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. **\$4,650,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$2,492,900.**

**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 # **P96000102945**  
NAME **BAXTER ENTERPRISES OF NORTH FLORIDA, INC.**  
STREET ADDRESS **2603 SHADES CLIFF CIRCLE**  
CITY-ST-ZIP **JASPER, AL 35504**

STREET ADDRESS

CITY-ST-ZIP

11000001104698

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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**03-29-04**

Date

**(205) 387-9335**

Daytime Phone #

STAPLE CHECK HERE