

2304 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000115

1. Entity Name
FORT FAMILY INVESTMENTS LTD



Principal Place of Business
8705 PERIMETER PARK BOULEVARD, SUITE 8
JACKSONVILLE, FL 32216

Mailing Address
8705 PERIMETER PARK BOULEVARD, SUITE 8
JACKSONVILLE, FL 32216

2. Principal Place of Business
8711 PERIMETER PARK BLVD.

3. Mailing Address
8711 PERIMETER PARK BLVD.

Suite, Apt. #, etc.
SUITE 11

Suite, Apt. #, etc.
SUITE 11

04142004 Chg-LP CR2E003 (10/03)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3422184

Applied For
Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURCELL, THOMAS K
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name
FORT, DONALD C.
Street Address (P.O. Box Number is Not Acceptable)
8711-11 PERIMETER PARK BLVD.

City
JACKSONVILLE FL Zip Code
32216

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. \$501,000.00

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

DOCUMENT # P96000103269
NAME FORT FAMILY INVESTMENTS, INC.
STREET ADDRESS 8705 PERIMETER PARK BOULEVARD, SUITE 8
CITY-ST-ZIP JACKSONVILLE, FL 32216

13. ADDRESS CHANGES ONLY

STREET ADDRESS 8711-11 PERIMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

DOCUMENT #
NAME
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/04 (904) 641-0018
Date Daytime Phone #

STAPLE CHECK HERE