




**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A97000000248 1. Entity Name THE FLENNER FAMILY LIMITED PARTNERSHIP						04 APR 16 PM 4:30 TALLAHASSEE, FLORIDA 	
Principal Place of Business 34 KEY HAVEN ROAD KEY WEST FL 33040				Mailing Address 84 KEY HAVEN ROAD KEY WEST FL 33040			
2. Principal Place of Business 84 Key Haven Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		MOORE CR2E003 (11/03) 4/16			
City & State Key West Fl		City & State 		4. FEI Number 65-0747201		Applied for <input type="checkbox"/> Not Applicable	
Zip 33040		Country Monroe		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLENNER, JAMES A 84 KEY HAVEN ROAD KEY WEST FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record.		\$300,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 FLENNER, JAMES A STREET ADDRESS 84 KEY HAVEN ROAD CITY-ST-ZIP KEY WEST FL 33040				STREET ADDRESS CITY-ST-ZIP			
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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: 				4-14-04 305-294-2044			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			

STAPLE CHECK HERE