

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

DOCUMENT # A97000000570

1. Entity Name  
 THE RAWLINGS FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 937 MANN ROAD  
 BABSON PARK, FL 33827

Mailing Address  
 2170 SCENIC HIGHWAY NORTH  
 BABSON PARK, FL 33827

2. Principal Place of Business

2170 Scenic Hwy N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Babson Park, FL

City & State

Zip  
 33827

Country

U.S.A.

Zip

Country

04132004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3452534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RAWLINGS, LEE FOX  
 2170 SCENIC HWY. NORTH  
 BABSON PARK, FL 33827

7. Name and Address of New Registered Agent

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

*Lee Fox Rawlings*

4-14-04

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record.

\$679,875.00

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

RAWLINGS, FREDERICK P JR.  
 937 MANN ROAD  
 BABSON PARK, FL 33827

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

RAWLINGS, LEE FOX  
 2170 N. SCENIC HIGHWAY  
 BABSON PARK, FL 33827

STREET ADDRESS  
 CITY-ST-ZIP

500035819515  
 05/10/04--01068--023 \*\*526.25

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 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:

*Lee Fox Rawlings*

4-14-04

863-676-7631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE