

**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	
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Principal Place of Business 937 MANN ROAD BABSON PARK, FL 33827	Mailing Address 2170 SCENIC HIGHWAY NORTH BABSON PARK, FL 33827
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2. Principal Place of Business 2170 Scenic Hwy N.	3. Mailing Address Suite, Apt. #, etc.		
City & State Babson Park, FL	City & State Zip 33827 Country U.S.A.		
4. FEI Number 59-3452534	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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.

4-14-04

SIGNATURE

*Lee Fox Rawlings*

DATE

9. Capital Contributions as shown on record. \$679,875.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	500035819515 05/10/04-010R8--023 **526.25
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STAPLE CHECK HERE

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 #