

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 5:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A97000000592

1. Entity Name
 SUMMERFORD HOLDINGS, LTD.



Principal Place of Business
 5323 61ST AVE., S.
 ST. PETERSBURG, FL 33715

Mailing Address
 P.O. BOX 10098
 GREENSBORO, NC 27404



04232004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 59-3433484

Applied For

Not Applicable

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

SUMMERFORD, HAROLD C
 5323 61ST AVE., S.
 ST. PETE BEACH, FL 33715

Name

Street Address (P.O. Box Number is Not Accepted)

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 as the registered agent and title, if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$25,000,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date. **9,180,278.44**

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 # **P97000015884**
 NAME **SUMMERCORP, INC.**
 STREET ADDRESS **5323 61ST AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG, FL 33715**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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)(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 a receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Michael R. Melhem*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael R. Melhem, VS

4/28/04

336-282-3030

Date

Daytime Phone #

General Partner

STAPLE CHECK HERE