

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000696 1. Entity Name SUPER COOL LEASING, LTD.					
Principal Place of Business 5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232			Mailing Address 4411 BEE RIDGE RD. #307 SARASOTA, FL 34233		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0733240	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JEANS, TRUMAN E 5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. \$2,800.00			10. Amount of Capital Contributions in FLORIDA to date. 2800.00		
11. \$141.25					
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	
STREET ADDRESS	THOMAS, GAYE			CITY - ST - ZIP	
CITY - ST - ZIP	616 MELANIE PARK CT. ASHLAND CITY, TN 37015				
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	JEANS, TRUMAN E			CITY - ST - ZIP	
CITY - ST - ZIP	5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232				
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	JEANS, AMY L			CITY - ST - ZIP	
CITY - ST - ZIP	5645 COLONIAL OAKS BLVD. SARASOTA, FL 34232				
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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: <i>Gaye J Thomas</i>				Date: 2/11/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0733240 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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SIGNATURE: *Gaye J Thomas* Date: 2/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE