

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

DOCUMENT # A97000000698

1. Entity Name

HEATH FAMILY LIMITED PARTNERSHIP



FILED

04 APR 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business
4445 NW 79TH TERRACE RD.
OCALA FL 34482

Mailing Address
4445 NW 79TH TERRACE RD.
OCALA FL 34482

2. Principal Place of Business

3. Mailing Address

PO BOX 1740

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIGH SPRINGS, FL

Zip

Country

Zip

Country

32655

USA

4. FEI Number

59-3444524

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

BULLARD, J. WARREN
18 N.W. THIRD AVENUE
OCALA FL 34475

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

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

DATE

9. Capital Contributions
as Shown on record.

\$2,400,000.00

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 # P97000002600
NAME HEATH FARMS, INC.
STREET ADDRESS 4445 NW 79TH TERRACE RD.
CITY-ST-ZIP Ocala FL 34482

STREET ADDRESS PO BOX 1740
CITY-ST-ZIP HIGH SPRINGS, FL 32655

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STREET ADDRESS 300036059013
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William J. Warren Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/04 (386) 454-3866

Date Daytime Phone #