


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|--------------------|-----------------------|--|--|-----------------|
| DOCUMENT # A97000000809 | | | |  | |
| 1. Entity Name THE JOHN FOSTER AND ELIZABETH G. MARTIN FAMILY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 109 CEDAR POINT LANE LONGWOOD, FL 32779 | | | Mailing Address 109 CEDAR POINT LANE LONGWOOD, FL 32779 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| | | | 04192004 Chg-LP | | CR2E003 (10/03) |
| 4. FEI Number 59-3446032 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MARTIN, SHERI E 109 CEDAR POINT LANE LONGWOOD, FL 32779 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. | | \$1,719,927.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$1,719,927.00 | |
| 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 | J.F. MARTIN LLC | | CITY- ST- ZIP | | |
| CITY- ST- ZIP | LONGWOOD, FL 32779 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | U00000146210 | |
| STREET ADDRESS | | | CITY- ST- ZIP | 05/03/04-80052-023 526.25 | |
| CITY- ST- ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
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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)(f), 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>Elizabeth G. Martin</i> Elizabeth G. Martin <i>4/21/04</i> 407-869-9129 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |

STAPLE CHECK HERE