## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # A97000001058** BOLLINGER HOLDINGS, LTD. Principal Place of Business Mailing Address 4401 GULF SHORE BLVD., PH 8 P.O. BOX 22345 NORTH NAPLES, FL 34103 LOUISVILLE, KY 40252-0345 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3452092 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLLINGER, PAUL PARKER SR. Street Address (P.O. Box Number is Not Acceptable) 4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 33940 City 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 Capital Contributions as Shown on record, 10. Amount of Capital Contributions \$100.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS 000000133365 04/27/04-80085-007 141.25 NAME BOLLINGER, PAUL PARKER SR. STREET ADORESS 4401 GULF SHORE BLVD., PH 8 City -ST-ZIP CITY - ST - ZIP NORTH NAPLES, FL 33940 DOCUMENT # STREET ADDRESS NAME PATRICIA SULLIVAN BOLLINGER STREET ADDRESS 4401 GULF SHORE BLVD., PH 8 CITY - ST- 7/P CITY - ST - ZIP NORTH NAPLES, FL 33940 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CETY-SE-ZEP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZiP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CAY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP

**FILED** 

14. Thereby certify that the information supplied with this filling 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 eath; 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: X-14-04