2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

FILED **₩DÛE BY MAY 1, 2004** Mar 04, 2004 08:00 AM Secretary of State **DOCUMENT # A97000001089** 1. Entity Name WHITE EDELWEISS, LIMITED PARTNERSHIP Mading Address Principal Place of Business 6911 RIVERVIEW BOULEVARD N.W. 6911 RIVERVIEW BOULEVARD N.W. **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc Suite, Apt #, etc. CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-0753296 Not Applicable Zρ Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEENE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 601 93RD AVENUE NORTH ST. PETERSBURG FL 33702 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 Flonda. 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 11. MAKE CHECK PAYABLE TO FL, DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,960,00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME WHITE, LESLIE R STREET ADDRESS 6911 RIVERVIEW BLVD., NW U00000087609 CITY - ST- 7/P ST PETERSBURG FL 33702 CITY - ST- 712 /<u>15/04-80014-026 141.2</u>5 DOCUMENT # STREET ADDRESS WHITE, BEVERLY F STREET ADDRESS 6911 RIVERVIEW BLVD., NW CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. Thereby 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 Grapter 6(3). Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

STREET DORESS

CITY-ST-ZIP

SCHATURE AND TYPED OR RELEASED NAME OF SIGNING GENERAL PARTNER

2-27-04 (941)795-1