

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001149

1. Entity Name
THE ROUBICEK FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**1391 SALVADORE COURT
 MARCO ISLAND, FL 34145**

Mailing Address
**P.O. BOX 1268
 MARCO ISLAND, FL 34146**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0777034

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	
SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES, FL 34102		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,990,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P00000055510	STREET ADDRESS	U000000069134
NAME	ROUBICEK MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	02/28/04-80001-009 526.25
STREET ADDRESS	PO BOX 1268		
CITY-ST-ZIP	MARCO ISLAND, FL 34146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *[Signature]* **2/4/04** **(239) 394-4217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Charles H. Roubicek, OEE, DVM** Date Daytime Phone #

STAPLE CHECK HERE