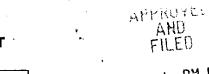
## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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CTARY OF STATE

THE FOR	TIN FAMILY LIMITED PA	RTNERSHIP	ে নিক্তান প্ৰতিক্ৰা		NAME OF THE PARTY OF	eSECRENE	SSECTELO	RIDA	
						HAUEAD			
Principal Place	e of Business L 33 440	Mailing Address	A. 64 92.	<b>对其中的"中心体</b>	TANK STANKS	William Strange	She Carlot Anna Carlo	A CALANDA A PAGA MARIN	
2238 BRANDON ROAD 2238 BRANDON ROAD						,			
LAKELAND, F	L 33803	LAKELAND, FL 3380	03						
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					U 04282004 Cha-LP CR2E003 (10/03)				
					04282004	Chg-LP	CH2E003 (		
City & State	9 "	City & State	City & State		4. FEI Number 59-34513	210 -		Applied For Not Applicable	
Zip	Country	Zip	Coun	itry	†		<b>– \$8.</b>	75 Additional	
					5. Certificate of Status Desired			Fee Required	
٠.	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and A	ddress of New F	Registered Agen	<u>t</u>	
VREELANI	D JOHN K			Name					
ONE LAKE MORTON DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
LAKELANI	D, FL 33801				<del></del>			3	
				City Zip Code					
							FL	·	
	named entity submits this statementions of registered agent.	it for the purpose of changing	its register	ed office or register	red agent, or both,	in the State of FI	orida. I am famili	ar with, and accept	
SIGNATURE	•			-					
·	Signature, typed or printed name of registered as					· ·	DATE		
9. Capital Co as Shown		10. Amount of Ca	ipital Contril oʻdate. — "	butions	M +1 mil, m	a test contra	malange i i garaga	nage and degrand on the Carlo Carlo	
	' A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND AC	TIVE WITH TH	IS OFFICE.		
	NOTE: General Partners	MAY NOT be changed or	n the form	i; an amendmer	nt must be filed	to change a g	eneral partner	•	
12.	GENERAL PART	NER INFORMATION	13.	····	· ·	ADDRESS CH	ANGES ONLY	•	
DOCUMENT # NAME	FORTIN, WILFRED R		STRI	EET ADDRESS		r			
STREET ADDRESS	2238 BRANDON ROAD		CITY	'-ST-ZIP					
CITY-ST-ZIP	LAKELAND, FL 33803		GILI	-01-211					
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CITY-ST-ZIP		THE ARTS PRODUCT			1 10 07/02/0	Florida Statutes	Liturthan months a	not the information	
l indicated	certify that the information supplied on this report is true and accurate	and that my signature shall he	ave the sam	ie legal ettect as it i	made under oath;	that I am a Gener	ral Partner of the	limited partnership or	
the recei	ver or trustee empowered to execut	e this report as required by C	napter 620,	Fiorida Statutes			•		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER .