

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

APPROVED  
AND  
FILED

04 MAY -4 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000001284**

1. Entity Name  
**THE FORTIN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business Mailing Address  
**2238 BRANDON ROAD** **2238 BRANDON ROAD**  
**LAKELAND, FL 33803** **LAKELAND, FL 33803**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3451310** 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

**VREELAND, JOHN K**  
**ONE LAKE MORTON DRIVE**  
**LAKELAND, FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record: **\$57,000.00-**

10. Amount of Capital Contributions 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME **FORTIN, WILFRED R**  
 STREET ADDRESS **2238 BRANDON ROAD**  
 CITY-ST-ZIP **LAKELAND, FL 33803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME **FORTIN, JUDY M**  
 STREET ADDRESS **2238 BRANDON ROAD**  
 CITY-ST-ZIP **LAKELAND, FL 33803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**000036524270**  
**05/17/04-01077-025 \*\*407.75**