
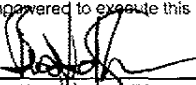


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001313</b> 1. Entity Name <b>KANAN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2600 TECHNOLOGY DRIVE, SUITE 200</b> <b>ORLANDO, FL 32804</b>			Mailing Address <b>2600 TECHNOLOGY DRIVE, SUITE 200</b> <b>ORLANDO, FL 32804</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>59-3455382</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>CFRA, LLC</b> <b>777 SOUTH HARBOUR ISLAND BLVD 5TH FL</b> <b>TAMPA, FL 33602-5730</b>				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	2600 TECHNOLOGY DR., STE. 200			CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO, FL 32804			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP				CITY-ST-ZIP	
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DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b>  <b>Bradford S. Kanan</b>				<b>March 29, 04</b> <b>407-425-8464</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Day/Time Phone #</small>	



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