

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001321

1. Entity Name
ALLEY CAT FAMILY LIMITED PARTNERSHIP



Principal Place of Business
451 CENTRAL PARK DRIVE
LARGO, FL 33771

Mailing Address
451 CENTRAL PARK DRIVE
LARGO, FL 33771

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State

City & State

Zip

Country

Zip

Country

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3500516

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

LOVELACE, WILLIAM K
2310 WEST BAY DRIVE
LARGO, FL 33770

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 of the person filing this report and agent, if applicable)

DATE

9. Capital Contributions
as Shown on record \$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date

\$ 526.25

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
STREET ADDRESS
CITY, ST, ZIP
LILO, SANDRA JEAN TRUSTEE
451 CENTRAL PARK DRIVE
LARGO, FL 33771

STREET ADDRESS
CITY, ST, ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY, ST, ZIP
U000000157454
05/06/04-80027-005 526.25

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)(g), 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: *Sandra J. Lilo, trustee* **Sandra J. Lilo, trustee 26 Apr 04 727 398 1473**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #