

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A97000001418

1. Entity Name

CHARLES A. DEVANE FAMILY LIMITED PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -7 AM 10:46

Principal Place of Business

3306 MCFARLANE AVENUE
 LAKE CITY FL 32025

Mailing Address

3306 MCFARLANE AVENUE
 LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address

900 N.W. Frontier Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Lake City, FL

Zip

Country

Zip
 32055

Country

U.S.A.

4. FEI Number

59-3504507

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

MCDavid, TERRY
 128 SOUTH HERNANDO STREET
 LAKE CITY FL 32025

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.

\$1,196,197.00

10. Amount of Capital Contributions
 in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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

BOYD, LYNNE D
 RT 13 BOX 316
 LAKE CITY FL 32055

STREET ADDRESS

900 N.W. Frontier Dr.

CITY-ST-ZIP

Lake City, FL 32055

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900032971339
 04/15/04-01046-027 **526.25

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:

Lynne D Boyd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 5, 2004 386-755-4219
 Date / Daytime Phone #

STAPLE CHECK HERE