

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

526-25
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # A97000001429

1. Entity Name
JAEGER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**135 NORTH KNOWLES AVENUE
 WINTER PARK, FL 32789**

Mailing Address
**135 NORTH KNOWLES AVENUE
 WINTER PARK, FL 32789**

2. Principal Place of Business
1250 College Point
 Suite, Apt. #, etc.

3. Mailing Address
1250 College Point
 Suite, Apt. #, etc.



02172004 Chg-LP CR2E003 (10/03)

City & State
Winter Park, FL
 Zip
32789
 Country
USA

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Winter Park, FL
 Zip
32789
 Country
USA

4. FEI Number
59-3453948
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARBERT, RONALD A ESQ.
 225 EAST ROBINSON STREET, SUITE 600
 ORLANDO, FL 32801**

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

9. Capital Contributions
 as Shown on record. **\$750,000.00**

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

DOCUMENT # **P97000055996**
 NAME **JAEGER FAMILY CORPORATION**
 STREET ADDRESS **135 NORTH KNOWLES AVENUE**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
500031827355
 CITY-ST-ZIP
04/05/04--01037--007 **526.25

STREET ADDRESS
 CITY-ST-ZIP

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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 #

Donald C. Jaeger **407 714/04 718-7374**

STAPLE CHECK HERE