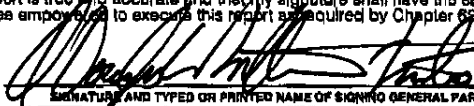


2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A97000001549 1. Entity Name WHITEMORE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1433 BUTTERFIELD COURT MARCO ISLAND, FL 34145			Mailing Address 1433 BUTTERFIELD COURT MARCO ISLAND, FL 34145		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3456160	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WHITEMORE, A. DOUGLAS 1433 BUTTERFIELD COURT MARCO ISLAND, FL 34145				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. \$900.00			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		STREET ADDRESS		
NAME	WHITEMORE, A. DOUGLAS TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1433 BUTTERFIELD COURT		CITY-ST-ZIP		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WHITEMORE, KIMBERLY G TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1433 BUTTERFIELD COURT		CITY-ST-ZIP		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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(9)(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: 			4/15/04 239-394-8057		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE Daytime Phone #		

FILED

04 APR 16 PM 4:30

TALLAHASSEE FLORIDA



04082004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3456160Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEMORE, A. DOUGLAS
1433 BUTTERFIELD COURT
MARCO ISLAND, FL 34145

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

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

DATE

9. Capital Contributions as Shown on record. **\$900.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**WHITEMORE, A. DOUGLAS TRUSTEE
1433 BUTTERFIELD COURT
MARCO ISLAND, FL 34145**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #