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

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DOCUMENT # A97000001618				FILED  SECRETARY OF STATE  DIVISION OF CORPORATIONS	
PURMORT FAMILY LIMITED PARTNERSHIP					04 APR -7 AM 10: 46
Principal Place of Business Mailing Address				<u>.h</u>	
1435 LADUE LANE 1435 LADUE LANE					•
SARASOTA FL 34231 SARASOTA FL 34231					
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E003 (11/03)
City & State		City & State			4. FEI Number 65-0776439 Applied For Not Applicable
Zip	Country	Zip	Соыт	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
				Name	-
PURMORT, CLYDE A II 1435 LADUE LANE SARASOTA FL 34231				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 titls if applicable.  DATE					
9. Control Contributions 11. Amount of Control Contributions 11. MAKE CHECK PAYARI F.TO FILE DEPT OF STATE.					
as Shown on record.  in FLORIDA to date.  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				n; an amenomer	ADDRESS CHANGES ONLY
DOCUMENT #				<u> </u>	Applicos of Mades of City
NAME	PURMORT, CLYDE A II		STR	EET ADDRESS	700000077197
STREET ADDRESS	i i		1		700032972187 04/16/0401054020 **175.00
CITY-ST-ZIP	SARASOTA FL 34231		EII	Y-ST-ZIP	047 107 04 - 01031 - 000 - 11131 - 0
DOCUMENT # NAME	NT# PURMORT, CERITA L			EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	DRESS 1435 LADUE LANE  SARASOTA FL 34231			Y-ST-ZIP	
DOCUMENT / S			STF	REET ADDRESS	·
STREET ADDRESS CITY_ST-ZIP			CIT	Y-ST-ZIP	
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DOCUMENT # NAME *			STI	REET ADDRESS	
STREET AODRESS CITY-ST-ZIP			СІТ	Y-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					

2.11-04