

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A97000001711**

1. Entity Name  
**APALACHICOLA RENAISSANCE GROUP, LTD.**



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 APR 19 PM 2:14**

Principal Place of Business  
**160 AVENUE C**  
**APALACHICOLA, FL 32329**

Mailing Address  
**P.O. BOX 519**  
**APALACHICOLA, FL 32329**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

04052004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3328256**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**VAIL, DEAN**  
**160 AVENUE C**  
**APALACHICOLA, FL 32329**

**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. **\$700,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$18,807.00**

**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 # **F97000004142**  
 NAME **EARLSTON, INC.**  
 STREET ADDRESS **160 AVENUE C**  
 CITY-ST-ZIP **APALACHICOLA, FL 32329**

STREET ADDRESS  
 CITY-ST-ZIP  
**100035829611**  
**05/10/04 01036 029 \$4221.75**

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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:** *J. Dean Vail III*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4/18/04** **850-653-2053**  
 Date Daytime Phone #

STAPLE CHECK HERE