
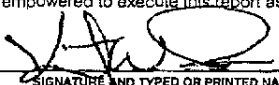


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002119					
1. Entity Name THE RIEPER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 480 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548			Mailing Address 480 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent RIEPER, KURT 480 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$1,806,750.00		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 #	L66317		STREET ADDRESS		
NAME	SANDMAN MOTEL-SUITES, INC.		CITY-ST-ZIP		
STREET ADDRESS	480 SANTA ROSA BLVD.				
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548				
DOCUMENT #			STREET ADDRESS	000000095712	
NAME			CITY-ST-ZIP	03/24/04-80045-018 526.25	
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NAME			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)(f), 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:				Kurt W Rieper GM 3/12/04 856-243-5954	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3473101 Applied For Not Applicable

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

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