


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

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002149 1. Entity Name DUKE FAMILY RANCH LIMITED PARTNERSHIP					
Principal Place of Business ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219			Mailing Address ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0786567 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PORGES, GREGORY J C/O /PORGES/HAMLIN/KNOWLES 1205 MANATEE AVENUE WEST BRADENTON FL 34205				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. \$4,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DUKE, JOANNE H		CITY - ST - ZIP		
STREET ADDRESS	11050 OLD TAMPA RD.		CITY - ST - ZIP		
CITY - ST - ZIP	PARRISH FL 34219		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DUKE, JOSEPH E JR.		CITY - ST - ZIP		
STREET ADDRESS	4807 1ST AVENUE DRIVE NW		CITY - ST - ZIP		
CITY - ST - ZIP	BRADENTON FL 34209		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CHESTON, LAURA GRACE		CITY - ST - ZIP		
STREET ADDRESS	105 LUDGATE COURT		CITY - ST - ZIP		
CITY - ST - ZIP	MORRISVILLE NC 27560		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DUKE, SUSAN DIANE		CITY - ST - ZIP		
STREET ADDRESS	4703 KIN ROSS COURT		CITY - ST - ZIP		
CITY - ST - ZIP	VALRICO FL 33594		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MORRISON, DONNA ELIZABET		CITY - ST - ZIP		
STREET ADDRESS	4407 WATROUS AVENUE		CITY - ST - ZIP		
CITY - ST - ZIP	TAMPA FL 33629		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		



MOORE CR2E003 (11/03)

4. FEI Number **65-0786567**
☐ Applied For
☒ Not Applicable

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

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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: *Joanne H Duke* **4/24/04** **941 776 2552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE