


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

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A97000002168</b>                              |  |
| 1. Entity Name<br><b>PEEBLES FAMILY LIMITED PARTNERSHIP</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 38<br/>WILDWOOD FL 34785</b> | Mailing Address<br><b>P.O. BOX 38<br/>WILDWOOD FL 34785</b> |
|---|---|



MOORE CR2E003 (11/03)

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc              |         | Suite, Apt # etc   |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3471888</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>                         |
| <b>PEEBLES, J. WILLARD<br/>322 SHOPPING CENTER DRIVE<br/>WILDWOOD FL 34785</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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. | <b>\$495,000.00</b> |
|--|---------------------|

|   |                   |
|---|-------------------|
| 10. Amount of Capital Contributions in FLORIDA to date. | <b>364,164.00</b> |
|---|-------------------|

**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 |                                    |
|---------------------------------|------------------------------------|
| DOCUMENT #                      |                                    |
| NAME                            | <b>PEEBLES, J. WILLARD TRUSTEE</b> |
| STREET ADDRESS                  | <b>322 SHOPPING CENTER DR</b>      |
| CITY - ST - ZIP                 | <b>WILDWOOD FL 34785</b>           |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY - ST - ZIP                 |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY - ST - ZIP                 |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY - ST - ZIP                 |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY - ST - ZIP                 |                                    |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY - ST - ZIP          |  |
| STREET ADDRESS           |  |
| CITY - ST - ZIP          |  |
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| STREET ADDRESS           |  |
| CITY - ST - ZIP          |  |

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STAPLE CHECK HERE

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. Peebles* **4/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #