2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Due By May 1, 2004			*FILED 🔆
DOCUMENT # A9700002222			SECRETARY OF STATE DIVISION OF CORPORATIONS
1. Entity Name GEORGE C. CLARK INVESTMENTS, LTD.			04 FEB 26 AM 8: 34
			041 ED 20 RIT 8- 34
Principal Place of Business 2341 HAITIAN DR., APT. 21	Mailing Address 2341 HAITIAN DR., APT. 2	21	
CLEARWATER, FL 33763	CLEARWATER, FL 33763		
2. Principal Place of Business	3. Mailing Address		
13770 5844		Stor.	
Suite, Apt. #, etc. Suite, Apt. #, etc. Stee		<u></u>	02212004 Chg-LP CR2E003 (10/03)
City & State	City & State	نث	4. FEI Number Applied For 59-3475617 Not Applied be
Zip Country	33760	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na			
CLARK, GEORGE C 2520 SUNSET POINT ROAD		Street Add	dress (P.O. Box Number is Not Acceptable)
LOT 45 CLEARWATER, FL 33765	· ·		3770 58+h St. N.
OLEANWATEN, TE 30700	End . deb.		Ste 304 Williamster FL 33760
8. The above named entity submits this statement for the propost of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a			
the obligations of registered agent. 2-2/-4			
SIGNATURE Signal by type or printed name of registered agent and title if applicable. DATE			
9. Capital Contributions as Shown on record. \$5,500,000.00 In FLORIDA to date. 5,500,000.00			
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 DOCUMENT / P97000086215		13.	ADDRESS CHANGES ONLY
NAME GEORGE C. CLARK ENTERPRISES, INC.		STREET ADDRESS	13770 58th St.N, Stc. 304
STREET ADDRESS 2341 HAITIAN DR., APT. 21 CITY-ST-ZIP CLEARWATER, FL 33763		CITY-ST-ZIP	Clearwater, FL 33760
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS - CITY-ST-ZIP			300030361493
DOCUMENT #		STREET ADDRESS	03/12/0401020004 **526.25
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP DOCUMENT #			
NAME STREET AODRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS		CITY-ST-ZIP .	
14. I hereby certify that the information supplied with	this filing does not qualify for th		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. Thereby certify that the information supplied with this filling 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 arguments 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 peop as required by Chapter 620, Florida Statutes			
SIGNATURE: VANN MUANE 1. 2/24/04			
AGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #			