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

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SIGNATURE:

FILED **DOCUMENT # A97000002350** SECRETARY OF STATE DIVISIONS 1. Entity Name POWELL FAMILY LIMITED PARTNERSHIP 04 APR 19 PM 2: 11 Principal Place of Business 148 FL CASAINT VAILEY DE. Mailing Address P.O. BOX 2183 148 Pleasant Hallay Kn DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32116/-2. Principat Place of Business 3. Mailing Address 148 PLEASANT VALLEY DR Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3473498 DAYTONA BEACH Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 321<u>14</u> . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL, JOHN H Street Address (P.O. Box Number is Not Acceptable) 148 PLEASANT VALLEY DR 534 MARINA POINT DRIVE **DAYTONA BEACH FL 32114** CIDAY TONA BEACH Zip Code 32114 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, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$6,500,000.00 in FLORIDA to date. 297,814 as Shown on record. 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 # P97000092889 STREET ADDRESS 148 PIFASANT VALLEY DR. JOHN H. POWELL INVESTMENTS, INC. NAME 534 MARINA POINT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH EL 32114 DAYTONA BEACH, FL 32114 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-ZIP 600035819016 05/10/04--01067--001 **526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS : MALE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

QJJOHN H. Powell