

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

FILED

MAY 14 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000002653**

1. Entity Name  
**LINDNER FAMILY LIMITED PARTNERSHIP, LTD.**



Principal Place of Business  
3105 W. SCENIC DRIVE  
DANIELSVILLE, PA 18038

Mailing Address  
3105 W. SCENIC DRIVE  
DANIELSVILLE, PA 18038



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

05052004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number  
**65-0930544**

Applied For  
Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**BRADY & BRADY PA  
370 N CAMINO GARDENS BLVD, SUITE 200-C  
THIRD FLOOR  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,040,390.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	STREET ADDRESS	CITY-ST-ZIP
	<b>COLE, STEPHANIE</b>	<b>3105 W. SCENIC DRIVE</b>	<b>DANIELSVILLE, PA 18038</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP
<b>300037718899</b>	<b>06/07/04--01021--015 **543.75</b>

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:** Stephanie M. Cole **5/7/04** **6108376280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE