

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002761 1. Entity Name DOWLING MANAGEMENT LIMITED		
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Principal Place of Business 705 WEST MADISON STREET TALLAHASSEE, FL 32304	Mailing Address P.O. BOX 308 TALLAHASSEE, FL 32302
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3483048	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DOWLING, JAMES H JR. 705 WEST MADISON STREET TALLAHASSEE, FL 32304	

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 _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. \$7,402,985.00	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.
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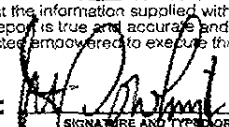
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DOWLING, JAMES H JR.	CITY-ST-ZIP	
STREET ADDRESS	705 WEST MADISON STREET		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DOWLING, CATHERINE L	CITY-ST-ZIP	
STREET ADDRESS	522 VINNEDGE DRIVE		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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)(f), Florida Statutes. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	7-13-04 Date	(850) 222-6616 Daytime Phone #
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