


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

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

DOCUMENT # A98000000068  
1. Entity Name  
VAN WINKLE FAMILY PARTNERSHIP, LTD.



Principal Place of Business  
620 N.W. 16TH AVENUE  
GAINESVILLE, FL 32601

Mailing Address  
620 N.W. 16TH AVENUE  
GAINESVILLE, FL 32601

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



07062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3473068 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN WINKLE, HELEN R  
620 N.W. 16TH AVENUE  
GAINESVILLE, FL 32601

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

9. Capital Contributions as Shown on record	\$1,055,001.00	10. Amount of Capital Contributions in FLORIDA to date.	1,055,001.00	In accordance with s. 607.183(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 #	G98002900002	STREET ADDRESS	
NAME	HELEN R. VAN WINKEL REVOCABLE TRUST	CITY-ST-ZIP	
STREET ADDRESS	620 N.W. 16TH AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL 32601		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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07-20-04-00007-002-526-25

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)(n), 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: Helen R. Van Winkle 7/9/04 (352) 378-1331

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