## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Apr. 28, 2004 08:00 AM Secretary of State

DOCUMENT # A9800000074  1. Entity Name					AMA	Secretary of State
THE CLEMENTS FAMILY LIMITED PARTNERSHIP						
Principal Place of Business Mailing Address						
% ALAN S. ACKER, ESQ. 4332 LIVE OAK BLVD. 145 E. RICH ST., FOURTH FLOOR PALM HARBOR, FL 3468 COLUMBUS, OH 43215						f (##15#75 (#15# (#14#) f#11  ##21  ##21  ##21  ##21  ##21  ##21  ##21  ##21  ##21  ##21  ##21
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt #, etc			04062004 Chg-LP CR2E003 (10/03)
City & State			City & State			4. FEI Number Applied For 59-3469201 Not Applied be
Zip			Zip			5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
RILEY, CH						(P.O. Box Number is Not Acceptable)
PALM HAP			***			
						FL Zio 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, typod or printed name of registored agent and title of applicable.  OATE						
9. Cepital Contributions as Shown on record. \$2,647,500.00 10. Amount of Capital Contributions in FLORIDA to date. \$2,647						00.00 11.
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
BOCUMENT # NAME	F9700000 CLEMENT	16305 TS FAMILY CORPO	RATION			
STREET ADDRESS CITY-ST-ZIP	i	CH ST., FOURTH FI US, OH 43215	LOOR			000000156625 05/06/04-80002-021_526.25
DOCUMENT # NAME				STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CIP	Y-SI-ZIP	
DOCUMENT NAME				SIR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				ÇITI	485-78+	
DOCUMENT # NAME				\$3B	FET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				cm	Y-SI-ZIP	
DOCUMENT / NAME				STR	eet adoress	
STREET ADDRESS CITY-ST-ZIP				GET	Y+S1-ZIP	
DOCUMENT #				STA	EET ADDRESS	
STREET ADDRESS C/TY+ST-ZIP				CIT	r-\$1-23P	
14. I hereby 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 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						

BAMILY CORPORATION BY CHRISTINE C. RILEY

CLEMENT