

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000133**



1. Entity Name  
**DODSON LIMITED PARTNERSHIP**

Principal Place of Business  
**4131 N. RIVER VIEW AVE.  
 TAMPA, FL 33609**

Mailing Address  
**4131 N. RIVER VIEW AVE.  
 TAMPA, FL 33609**



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

3. Mailing Address  
 Suite, Apt #, etc.

04222004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number  
**59-3485768**

Applied For  
 Not Applicable

Zip Country

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

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

**7. Name and Address of New Registered Agent**

**HIBBS, JEAN D  
 4131 N. RIVER VIEW AVE.  
 TAMPA, FL 33609**

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 **\$2,185,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,185,000.00**

**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 #	HIBBS, JEAN D
NAME	4131 N. RIVER VIEW AVE.
STREET ADDRESS	TAMPA, FL 33609
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 05/10/04-20036-021 526.25

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: Jean D Hibbs GP **Jean D. HIBBS, GP** 4/24/04 813 348 9172

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