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

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SIGNATURE:

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## **DOCUMENT # A98000000975** 04 APR -9 PM 4: 02 R & D DEFERRARI FAMILY LIMITED PARTNERSHIP II SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 305 ORANGE ST. P.O. BOX 6688 **OZONA, FL 34660** OZONA, FL 34660 2. Principal Place of Business 3. Mailing Address 108 HARBOR DRIVE 108 HARBOR DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State PALM HARBOR, FL Not Applicable PALM HARBOR, FL 59-3514851 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34683 Fee Required USA 34683 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIANA-DEFERRARY **GILBERT, BETSY** Street Address (P.O. Box Number is Not Acceptable) 305 ORANGE STREET PALM HARBOR, FL 34683 City PALM HARBOR 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. 3/31/oy SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$1,350,000,00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # P98000012345 STREET ADDRESS 108 HARBOR DRIVE R & D DEFERRARI MANAGEMENT, INC. NAME STREET ADDRESS 305 ORANGE ST. PALM HARBOR, FL 34683 CITY-ST-ZIP CITY-ST-ZIP **OZONA, FL 34660** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY\_ST\_7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS. NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. If 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

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