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

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## **DOCUMENT # A98000001021** SNELL & ASSOCIATES HOMES, LTD. 04 APR 29 AM 10: 04 SECHE DANY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3655 BONITA BEACH ROAD, #3 3655 BONITA BEACH ROAD, #3 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 59-3512850 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIEBERFARB, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE. SO. #405 NAPLES, FL 34102 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 10. Amount of Capital Contributions \$25,000.00 in FLORIDA to date as Shown on record. \$25,000.00 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 ADDRESS CHANGES ONLY 13. DOCUMENT # L49466 STREET ADDRESS SNELL CONSTRUCTION, INC. STREET ADDRESS 3655 BONITA BEACH ROAD, #3 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS, FL 34134 100035837461 05/10/04--01119 008 \*\*\* DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP -ST-ZIP 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 100 for a Statutes. OF SIGNING GENERAL PARTNER Daytime Phone #