

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

FILED

04 JAN 20 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3525900**

Applied For  
☐ Not Applicable

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**

MCCLURE, GEORGE G  
700 EAST SANDPIPER STREET  
APOPKA, FL 32712

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.

DATE

9. Capital Contributions  
as Shown on record. **\$1,260,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **1,260,000.00**

**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 # **P97000058916**  
NAME **FLAME VINE, INC.**  
STREET ADDRESS **700 EAST SANDPIPER STREET**  
CITY-ST-ZIP **APOPKA, FL 32712**

STREET ADDRESS

CITY-ST-ZIP

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00000272007418  
01/20/04 - 01005---009 \*\*\$26.25

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STREET ADDRESS

CITY-ST-ZIP

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:**

*Dancy B. McClure*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/14/03**  
Date

**407-884-2134**  
Daytime Phone #

STAPLE CHECK HERE