

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -9 PM 4:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000001431 1. Entity Name NUGENT FAMILY LIMITED PARTNERSHIP	
---	---

Principal Place of Business 3796 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33436	Mailing Address 3796 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33436
--	--



2. Principal Place of Business	3. Mailing Address	03022004	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
Zip	Country	Zip	Country	

4. FEI Number 65-0842930	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent COLNU CORP. 3796 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33434

7. Name and Address of New Registered Agent	
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 _____
-----------------	------------

9. Capital Contributions as Shown on record. \$1,429,956.00	10. Amount of Capital Contributions in FLORIDA to date. 1,429,956.00
---	--

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 #	P98000039177	STREET ADDRESS	
NAME	COLNU, CORP.	CITY-ST-ZIP	
STREET ADDRESS	3796 QUAIL RIDGE DRIVE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

400033173164
 04/20/04--01059--018 **526.20

STAPLE CHECK HERE

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: <u>Margaret C. Nugent</u> MARGARET C. NUGENT 3/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date 3/27/04	Daytime Phone #
--	-----------------	-----------------