


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

APPROVED  
AND  
FILED

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

<b>DOCUMENT # A98000001431</b> 1. Entity Name <b>NUGENT FAMILY LIMITED PARTNERSHIP</b>	
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03022004 Chg-LP CR2E003 (10/03)

Principal Place of Business <b>3796 QUAIL RIDGE DRIVE</b> <b>BOYNTON BEACH, FL 33436</b>	Mailing Address <b>3796 QUAIL RIDGE DRIVE</b> <b>BOYNTON BEACH, FL 33436</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>65-0842930</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>COLNU CORP.</b> <b>3796 QUAIL RIDGE DRIVE</b> <b>BOYNTON BEACH, FL 33434</b>
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7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City	Zip Code <b>FL</b>

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. <b>\$1,429,956.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,429,956.00</b>
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**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												
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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:** Margaret C. Nugent **MARGARET C. NUGENT** 3/27/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE