

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

**DOCUMENT # A98000001926**

1. Entity Name  
**BEARD, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**04 MAR 12 PM 12:40**

Principal Place of Business  
**4030 NE JOE'S POINT ROAD**  
**STUART, FL 34996**

Mailing Address  
**383 N.E. BAKER ROAD**  
**STUART, FL 34994**

2. Principal Place of Business  
**383 NE BAKER ROAD**

3. Mailing Address



02092004 Chg-LP CR2E003 (10/03)

City & State  
**STUART, FL**

City & State

4. FEI Number  
**65-0856497**

Applied For  
 Not Applicable

Zip  
**34994**

Country  
**USA**

Zip

Country

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

**BEARD, DONESE K**  
**4030 NE JOE'S POINT ROAD**  
**STUART, FL 34996**

Name  
**BEARD, DONESE K.**

Street Address (P.O. Box Number is Not Acceptable)  
**383 NE BAKER ROAD**

City **STUART** FL Zip Code **34994**

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 **Donese K. Beard**

DATE **3/9/04**

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #  
 NAME **BEARD, DONESE K**  
 STREET ADDRESS **4030 NE JOE'S POINT ROAD**  
 CITY-ST-ZIP **STUART, FL 34996**

STREET ADDRESS **383 NE BAKER ROAD**  
 CITY-ST-ZIP **STUART, FL 34994**

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**600031856796**  
**04/06/04--01014--028 \*\*526.25**

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: **Donese K. Beard**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/9/04** **772-34-1001**  
 Date Daytime Phone #

STAPLE CHECK HERE