

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

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002015**

1. Entity Name  
**LEWALLEN INVESTMENT PARTNERSHIP, LTD.**



Principal Place of Business  
**741 37TH AVENUE N.E.**  
**ST. PETERSBURG, FL 33704**

Mailing Address  
**741 37TH AVENUE N.E.**  
**ST. PETERSBURG, FL 33704**



04292004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**N.A.**

City & State

**N.A.**

Zip

Country

Zip

Country

4. FEI Number  
**59-3529830**

Applied For  
 Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLEIM, HOLGER D**  
**150 2ND AVENUE N, SUITE 1100**  
**ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**N.A.**

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

DATE

9. Capital Contributions as Shown on record. **\$5,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5,500,000.00**

11

**\$ 535.00**

**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 # **P98000069940**  
 NAME **LEWALLEN MANAGEMENT COMPANY**  
 STREET ADDRESS **741 37TH AVENUE NORTHEAST**  
 CITY - ST - ZIP **ST. PETERSBURG, FL 33704**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**100000168756**  
**05/18/04-80001-010 535.00**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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)(f), 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: **X Cynthia A. Lewallen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/29/04**

Date

Daytime Phone #

**(813) 966-1079**

STAPLE CHECK HERE