

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED

04 MAY 17 PM 1:32

SEAL OF THE STATE  
TALLAHASSEE FLORIDA

MJH



03212004 Chg-LP CR2E003 (10/03) 5/17  
4. FEI Number 59-3528952 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # A98000002019</b>  |         |   |         |
| 1. Entity Name<br>LONES FAMILY LIMITED PARTNERSHIP                      |         |   |         |
| Principal Place of Business<br>9790 S.W. 97TH AVENUE<br>MIAMI, FL 33176 |         | Mailing Address<br>9790 S.W. 97TH AVENUE<br>MIAMI, FL 33176 |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br>LONES, LEE S<br>9790 S.W. 97TH AVENUE<br>MIAMI, FL 33176 |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record. \$2,242,000.00 | 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 #                      | LONES, LEE S          | STREET ADDRESS           | 800037852378                  |
| NAME                            | 9790 S.W. 97TH AVENUE | CITY-ST-ZIP              | 06/10/04--01082--016 **88.75  |
| STREET ADDRESS                  | MIAMI, FL 33176       |                          |                               |
| CITY-ST-ZIP                     |                       |                          |                               |
| DOCUMENT #                      | LONES, JUDY M         | STREET ADDRESS           | 800037852378                  |
| NAME                            | 9790 S.W. 97TH AVENUE | CITY-ST-ZIP              | 06/10/04--01082--017 **437.50 |
| STREET ADDRESS                  | MIAMI, FL 33176       |                          |                               |
| 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                     |                       |                          |                               |

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: Lee S Lones 4/8/04 305-271-3211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE