


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002072

1. Entity Name
KENT FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 2905 JACQUE LEE LANE 2905 JACQUE LEE LANE
 LAKELAND, FL 33803 LAKELAND, FL 33803

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



03252004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3536423 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, JERARD A
2905 JACQUE LEE LANE
LAKELAND, FL 33803

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

9. Capital Contributions as Shown on record. \$10,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$2,261,331

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 #	P98000077008	STREET ADDRESS	
NAME	KENT FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2905 JACQUE LEE LANE		
CITY-ST-ZIP	LAKELAND, FL 33803		
DOCUMENT #		STREET ADDRESS	
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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)(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: *James L. ...* 03/29/04 863-666-0932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #