

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

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002086</b> 1. Entity Name THE G & R TOWNSEND PARTNERSHIP, LTD.					
Principal Place of Business 4332 44TH STREET SOUTH ST. PETERSBURG, FL 33711			Mailing Address 4332 44TH STREET SOUTH ST. PETERSBURG, FL 33711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0864983</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOWNSEND, ROGER G JR. 4332 44TH STREET SOUTH ST. PETERSBURG, FL 33711				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,353,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,353,500.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	TOWNSEND, ROGER G JR.		CITY - ST - ZIP		
CITY - ST - ZIP	4332 44TH STREET SOUTH ST. PETERSBURG, FL 33711		CITY - ST - ZIP	000000111139 04/13/04-80006-018 526 25	
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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: <i>Boyer G Townsend Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-2-4 7878673605 <small>Date Daytime Phone #</small>		

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