FILED
04 JUL -7 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000002220

1. Entity Name
STONINGTON FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1009 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176	94 WATER ST STONINGTON, FL 06378

04302004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	395 S. ATLANTIC AVE. Suite, Apt. #, etc. #103
City & State	City & State ORMOND BEACH, FL
Zip / Country	Zip / Country 32176

4. FEI Number 58-2427898 ☐ Applied For ☐ Not Applicable

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
BARRES, JONATHAN 1009 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176	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, type or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$25,000.00	

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 #	L98000001954	STREET ADDRESS	U00000153798
NAME	STONINGTON PARENTS, LLC	CITY-ST-ZIP	05/04/04-80142-007 50.00
STREET ADDRESS	1009 OCEAN SHORE BLVD.		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		
DOCUMENT #	AR-2 63.75	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	TOTAL	STREET ADDRESS	
NAME		CITY-ST-ZIP	900040648889
STREET ADDRESS			08/30/04--01091--030 **213.75
CITY-ST-ZIP			
DOCUMENT #	$50 + $213.75	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			

STAPLE CHECK HERE

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: Jonathan Barres 4/30/04 (352) 672-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #