

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002735 1. Entity Name IVEY'S NURSERY PARTNERSHIP, LTD.					
Principal Place of Business 6980 LUCK LANE ORLANDO, FL 32811			Mailing Address 6980 LUCK LANE ORLANDO, FL 32811		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02182004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3546146	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent IVEY, ROBERT L JR. 6980 LUCK LANE ORLANDO, FL 32811			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. \$750,000.00			10. Amount of Capital Contributions in FLORIDA to date. 750,000.00		
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 #	659329		STREET ADDRESS		
NAME	IVEY'S NURSERY, INC. ✓		CITY - ST - ZIP		
STREET ADDRESS	6980 LUCK LANE				
CITY - ST - ZIP	ORLANDO, FL 32811				
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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: *X Robert L. Ivey, Jr.* **Robert L. Ivey, Jr.** 3-1-04 407 293-1697

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