2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY-1, 2004 DOCUMENT # A98000002887** FILED 1. Entity Name BOBBY MOORE PROPERTIES, LTD. 04 FEB -2 AM 10: 06 Mailing Address Principal Place of Business SECRETARY OF STALE 3706 DMG DRIVE 3706 DMG DRIVE LAKELAND FL 33811 LAKELAND FL 33811 3. Mailing Address 2. Principal Place of Business P. 0. Box 5552 Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) Applied For City & State 4. FEI Number City & State 59-3550423 Not Applicable 33807 Lakeland, FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 33807 U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, W. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3706 DMG DRIVE LAKELAND FL 33811 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. DATE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$2,760,000.00 in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # P98000102127 STREET ADDRESS 3706 D.M.G. Drive NAME BOBBY L. MOORE PROPERTY MANAGEMENT, INC. STREET ADDRESS P.O. BOX 5468, N/A CITY-ST-ZIP Lakeland, FL 33811 LAKELAND FL 33803 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>10002</del>8011311 02/02/04--01054--005 \*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE M THOMAS DOCUMENT # STREET ADDRESS NAME

14. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

Und Milly

William M. Moore

01/26/2004

863/644-0456

Daytime Phone #

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