2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000145

1. Entity Name
SEASIDE JOINT VENTURE, LTD.

Principal Place of Business	Mailing Address
C/O CRISP & HARRISON AGENCY 9550 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225	C/O CRISP & HARRISON AGENCY 9550 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

04072004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3556757 — 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
BOND, C. GUY 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	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 ________ (typed or printed name of registered agent and title if applicable) DATE

9. Capital Contributions as Shown on record	$100.00	10. Amount of Capital Contributions in FLORIDA to date	

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 #	V22349	STREET ADDRESS	
NAME	W.R. HOWELL COMPANY		
STREET ADDRESS	P.O. BOX 60, ORTEGA STATION	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #	S39977	STREET ADDRESS	U00000146781
NAME	CRISP BROTHERS, INC.		05/03/04-80078-022 141.25
STREET ADDRESS	9550 REGENCY SQUARE BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		
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)(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: ________ 4-21-04 904-721-9112

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