## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

DOCUMENT # A9900000247					FILED
1. Entity Name  RODGER B. KING & LESTER DEWALL, LTD.					04 JAN 26 PM 2: 13
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Principal Place of Business Mailing Address					SECHETARY OF STATE TALLAHASSEE, FLORIDA
823.BAYSHORE BLVD. P.O. BOX 1008 TAMPA FL*33606回答用的可以由证明的证明。 P.O. BOX 1008				•	MELA INCOLL, I ESTAS
The District Annual Control of the C					1 (11110) 1833 1838 1831 1832 1831 1833 1833 1833
2. Principal Place of Business 3. Mailir		3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E003 (11/03)
City & State		City & State			4. FEI Number 59-1977422 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent	l		7. Name and Address of New Registered Agent
KING, RODGER B 823 BAYSHORE BLVD.				Name	
				Street Address (	P.O. Box Number is Not Acceptable)
TAMPA FL 33606			•		
				City 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					
9. Capital Contributions as Shown on record.  \$810,207.00  10. Amount of Capital Contribution in FLORIDA to date.					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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			ne torn	<del></del>	ADDRESS CHANGES ONLY
DOCUMENT #				EET ADDRESS	
NAME STREET ADDRESS	KING, RODGER B  DDRESS 823 BAYSHORE BLVD.				
CITY-ST-ZIP				Y-ST-ZIP	300027623983
DOCUMENT #				EET ADDRESS	U1720704 U1055 U25 **525.25
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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					