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

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SIGNATURE:

## Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # A9900000311 R.B. KEMPFER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 601 EAST PALMETTO AVENUE ATTN: RICHARD H. KEMPFER 601 EAST PALMETTO AVENUE ATTN: RICHARD H. KEMPFER MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3561863 Not Applicable Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NASH, CHARLES IAN Street Address (P.O. Box Number is Not Acceptable) 930 SOUTH HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable, DATE 10. Amount of Capital Contributions in FLORIDA to date. 310,954 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$2,000,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY P99000005654 DOCUMENT # STREET ADDRESS NAME R.B. KEMPFER ENTERPRISES, INC. STREET ADORESS 601 EAST PALMETTO AVENUE CITY-ST-ZIP City-St-Zip MELBOURNE FL 32901 DOCUMENT # STREET ADDRESS MANAF STREET ADDRESS U00000145684 CITY-ST-ZIP CITY-ST-ZIP <u> 05/03/04-80031-013-526-25</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CRY - ST - 78P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CRTY-ST-78P 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes \*\*RICHARD\*\* H. KEMPPEL\*\*

**FILED** 

4-27-2004 407-957-8854