

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A99000000458**

1. Entity Name  
**WEBB FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**502 S. RANGE ST.  
MADISON, FL 32340**

Mailing Address  
**P.O. BOX 540  
MADISON, FL 32341-0540**

**FILED**

**2004 JUN -8 P 3:18**

**SECRETARY OF STATE**



**05312004 Chg-LP CR2E003 (10/03)**

4. FEI Number  
**59-3566489**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEBB, VERNAL A  
4744 N.E. COLIN KELLY HIGHWAY  
MADISON, FL 32340**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$100,000.00**

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 #	<b>P99000015679</b>	STREET ADDRESS	
NAME	<b>WEBB TIMBERLANDS, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>502 S. RANGE ST.</b>		
CITY-ST-ZIP	<b>MADISON, FL 32340</b>		
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**000037843450**  
**06/10/04--01013--014 \*\*926.25**

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:**

*Vernal A. Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE