


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
May 06, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A99000000569</b> 1. Entity Name <b>WENNER FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>		Mailing Address <b>648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>	
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>94-3360246</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WENNER, JOHN P SR 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL</b>		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$475.00</b>		10. Amount of Capital Contributions in FLORIDA to date	
<b>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.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>WENNER, JOHN P SR 648 NORTH SHORE DRIVE DEERFIELD BEACH, FL 33442</b>	STREET ADDRESS CITY - ST - ZIP	<del>000000180240 05/13/04-90013-007 150.00</del>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>WENNER, SUSAN 241-20 NORTHERN BOULEVARD, APT. 3B FLUSHING, NY 11363</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>WENNER, JOHN P JR. R.R. 1 - BOX 197A NEWFOUNDLAND, PA 18445</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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: <u>John P Wenner Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>570-676-9157</u> <small>Daytime Phone #</small>	

STAPLE CHECK HERE