


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

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000586</b>					
<b>1. Entity Name</b> THE POTTER FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 568 ALLEN LOOP DRIVE SANTA ROSA BEACH, FL 32459			<b>Mailing Address</b> 568 ALLEN LOOP DRIVE SANTA ROSA BEACH, FL 32459		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
POTTER, PATRICIA 568 ALLEN LOOP DRIVE SANTA ROSA BEACH, FL 32459			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions</b> as Shown on record. \$874,300.00			<b>10. Amount of Capital Contributions</b> in FLORIDA to date \$757,802.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	P99000007941		STREET ADDRESS		
NAME	POTTER FAMILY, INC.		CITY, ST, ZIP		
STREET ADDRESS	568 ALLEN LOOP DRIVE				
CITY, ST, ZIP	SANTA ROSA BEACH, FL 32459				
DOCUMENT #			STREET ADDRESS	000000135659	
NAME			CITY, ST, ZIP	04/29/04-80001-009 525.25	
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CITY, ST, ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Patricia A. Potter</i>			4/18/04 850-267-2172		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE