


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000589		
1. Entity Name FRANKLIN C. COMINS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business % STEVEN H. KANE, ESQUIRE 557 NO. WYMORE ROAD, SUITE 100 MAITLAND, FL 32751	Mailing Address % STEVEN H. KANE, ESQUIRE 557 NO. WYMORE ROAD, SUITE 100 MAITLAND, FL 32751
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3566652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KANE, STEVEN H 557 NORTH WYMORE ROAD SUITE 100 MAITLAND, FL 32751	

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

9. Capital Contributions as Shown on record. \$1,248,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #		STREET ADDRESS	
NAME	COTE', NANCY	CITY-ST-ZIP	
STREET ADDRESS	4778 ARBUTUS LANE		
CITY-ST-ZIP	BEULAH, MI 49617		
DOCUMENT #		STREET ADDRESS	
NAME	FRANCES M. COMINS, TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1700 BRONSON WAY, BRONSON PLACE, APT.#263		
CITY-ST-ZIP	KALAMAZOO, MI 49009		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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: Nancy J. Cote Nancy J. Cote 1/29/04 231-882-7138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #