

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000605 1. Entity Name JEWETT FAMILY PARTNERS, LTD.					
Principal Place of Business 2514 HOLLYWOOD BLVD., SUITE 508 HOLLYWOOD, FL 33020			Mailing Address 2514 HOLLYWOOD BLVD., SUITE 508 HOLLYWOOD, FL 33020		
2. Principal Place of Business Suite, Apt. # etc. City & State Zip			3. Mailing Address Suite, Apt. # etc. City & State Zip		
Country			Country		
4. FCI Number 65-0809668			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JEWETT, CHARLES E CPA PA 2514 HOLLYWOOD BLVD., SUITE 508 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____			9. Capital Contributions as Shown on record \$1,000.00		
10. Amount of Capital Contributions in FLORIDA to date			11. 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 #	P98000013603		STREET ADDRESS		
NAME	CHUCK'S KIDS CORP.		CITY - ST - ZIP		
STREET ADDRESS	2514 HOLLYWOOD BLVD., SUITE 508		CITY - ST - ZIP		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____		



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