

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A99000001128

1. Entity Name
A FOUNDING FLORIDA FAMILY LIMITED PARTNERSHIP



FILED

2004 SEP -9 P 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
45120 DORMAN PL
CALLAHAN, FL 32011-3803

Mailing Address
45120 DORMAN PL
CALLAHAN, FL 32011-3803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3628522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIZELL, JEAN H
5841 DORMAN PLACE
CALLAHAN, FL 32011-3803

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

9/08/04
DATE

9. Capital Contributions
as Shown on record. \$419,470.00

10. Amount of Capital Contributions
in FLORIDA to date. 419,470.00

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

DOCUMENT # P98000101116
NAME MINORCAN DEVELOPMENT, INC.
STREET ADDRESS 45120 DORMAN PL
CITY-ST-ZIP CALLAHAN, FL 320113803

DOCUMENT # P98000101113
NAME BUCKHORNS CREEK DEVELOPMENT INC
STREET ADDRESS 45120 DORMAN PL
CITY-ST-ZIP CALLAHAN, FL 320113803

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800041326118
09/24/04--01070--004 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: Jeann H. Mizell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/08/04
Date

904/879-3727
Daytime Phone #

STAPLE CHECK HERE