

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A99000001155

1. Entity Name

LASHMAN FAMILY PARTNERSHIP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -5 PM 1:27

02/23/04

Principal Place of Business
14250 A & W BULB RD.
FORT MYERS FL 33908

Mailing Address
14250 A & W BULB RD.
FORT MYERS FL 33908



MOORE CR2E003 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0931640

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LASHMAN, ESTELLE J
14250 A & W BULB RD.
FORT MYERS FL 33908

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

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

DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

910,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
LASHMAN, MORTON E
14250 A & W BULB RD.
FORT MYERS FL 33908

STREET ADDRESS

CITY-ST-ZIP

100029299161
02/24/04--01028--011 **158.50

DOCUMENT #
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CITY-ST-ZIP
LASHMAN, ESTELLE J
14250 A & W BULB RD.
FORT MYERS FL 33908

STREET ADDRESS

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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:

Estelle J. Lashman
Estelle J. Lashman
General Partner

1/29/04

Date

Daytime Phone #

415-2223

STAPLE CHECK HERE