

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

DOCUMENT # A99000001509

1. Entity Name
SOUTHVEST LIMITED PARTNERSHIP



APPROVED
AND
FILED
04 MAY -4 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

Mailing Address
10225 ULMERTON RD., SUITE 3D
LARGO FL 33771



MOORE CR2E003 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
455 N. Indian Rocks Rd.
Suite, Apt. #, etc.
Suite B
City & State
Bellevue Bluffs, FL
Zip
33770
Country
USA

4. FEI Number
59-7164574
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

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

9. Capital Contributions as Shown on record. \$5,000,000.00
10. Amount of Capital Contributions in FLORIDA to date.
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 #	P99000080497	STREET ADDRESS	455 N. Indian Rocks Rd, suite B
NAME	SOUTHVEST MANAGEMENT, INC.	CITY - ST - ZIP	Bellevue Bluffs, FL 33770
STREET ADDRESS	10225 ULMERTON RD., #3D		
CITY - ST - ZIP	LARGO FL 33771		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	300036546023
NAME		CITY - ST - ZIP	05/18/04--01035--008 **\$26.25
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DOCUMENT #		STREET ADDRESS	
NAME		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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER William G. Buckles 4/30/04 727584-7141
Date Daytime Phone #