

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000001620

1. Entity Name
EARL E. KNABB FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -7 AM 10:46

Principal Place of Business
 115 SOUTH 5TH STREET
 MACLENNY, FL 32063

Mailing Address
 115 SOUTH 5TH STREET
 MACLENNY, FL 32063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3601059

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

YONG, FRANK
 701 RIVERSIDE PARK PLACE, STE. 110
 JACKSONVILLE, FL 32204

Name **Yong, Frank**

Street Address (P.O. Box Number is Not Acceptable)

4570 St. Johns Avenue, Suite 1A
 City **Jacksonville** **FL** Zip Code **32210**

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. **\$4,000,000.00**

10. 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 # P99000087352
NAME EARL E. KNABB, INC.
STREET ADDRESS 115 SOUTH 5TH STREET
CITY-ST-ZIP MACLENNY, FL 32063

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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:

Cheryl X. Aschenbrenner **Cheryl X. Aschenbrenner** 3/29/04 (904) 378-5140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE