## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED -Feb 20, 2004 08:00 AM Secretary of State

1. E	ntity Name	MENT # A990( IMITED PARTNER		12				Se	creta	ry of State
Princ	cioal Place	of Business		Mailing Address		·				
534	5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608			5346 S.W. 91ST T GAINESVILLE, FL						
2. Pr	rincipal Pla	ace of Business	3.	. Mailing Address		<u> </u>				
St	Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			02022004	Chg-LP	Chg-LP CR2E003 (10/03)	
Ci	ity & State			City & State			4. FEI Number NOT API	PLICABLE		Applied For Not Applicab
Z)	jb di	Country		Zip	Cour	ntry	<u> </u>	of Status Desired	<u> </u>	\$8.75 Additional Fee Required
-		6. Name and Address o	f Current Regi	stered Agent	<u></u>	Nama	7. Name and	Address of New F	Registered A	gent
TILL	IMAN M	AICHAEI				Name				
534	TILLMAN, MICHAEL 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608					Street Address	(P.O. Box Number	is Not Acceptable	e)	
						City			FL	Zip Code
,		named entity submits this str ons of registered agent.	101110111111111111111111111111111111111	parpoos or straing.	ig to regional	ou omoo or rogada	ica agoni, or boil	, at a to death of the	5,104, 1 tu;; n	minimum mini, eno eccep
SIGN	JATURE	lignature, typed or printed name of reg	istered agent and little	1				<u>_</u>	DATE	
SiGN 9. Ca	IATURE	ignature, typed or printed name of reg		e if applicable.  10. Amount of C in FLORIDA		butions			DATE	
SiGN 9. Ca	NATURE	ignature, typed or printed name of reg	OO	10. Amount of C in FLORIDA	to date.  S ENTITY M	UST BE REGIS	TERED AND AC	CTIVE WITH TH	IIS OFFICE	i.
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