

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001800

**Entity Name:** BUCKEYE PARTNERS, LTD. LLP

**FILED**  
**Jul 01, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

3340 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3340 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-0961127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PURMORT, CLYDE A II  
3340 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 990.00

**Amount of Capital Contributions in Florida to date:** 990.00

**GENERAL PARTNER INFORMATION:**

**Document #:**

**Name:** AL PURMORT INSURANCE, INC.

**Address:** 3340 BEE RIDGE ROAD

**City-St-Zip:** SARASOTA, FL 34239

**ADDRESS CHANGES ONLY:**

**Address:**

**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** CLYDE ALLEN PURMORT

GENP

07/01/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date