

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

**FILED**

**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001821**

1. Entity Name

GRANTHAM, LTD.



Principal Place of Business

340 WEST 23RD STREET  
PANAMA CITY FL 32405

Mailing Address

340 WEST 23RD STREET  
PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

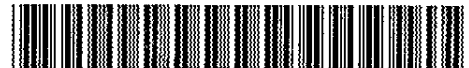
4. FEI Number  
59-3609122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent

HUTCHINSON, EDWARD A JR.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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.

\$311,806.00

10. Amount of Capital Contributions  
in FLORIDA to date.

535,070

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GRANTHAM, GREGORY P  
340 WEST 23RD STREET  
PANAMA CITY FL 32405

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP
	U00000120185 04/20/04-80008-022 526.25

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:** *Laura G Davidson* **Laura G Davidson** 3-18-04 850 769 3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE