05/03/2004 10:17 8508374583 O'SULLIVAN CREEL PAGE 02

FILED
May 06, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A99000002026

1. Entity Name
CHUCK CLARY FAMILY ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 778 SHALIMAR, FL 32579	P.O. BOX 778 SHALIMAR, FL 32579

05032004 Chg-LP CR2E003 (10/03)

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 59-3630600 ☐ 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
FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,121,642.00

10. Amount of Capital Contributions in FLORIDA to date. 375,234

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 #	P99000090156	STREET ADDRESS	
NAME	CWC CORPORATION		
STREET ADDRESS	P.O. BOX 778	CITY-ST-ZIP	U00000160221
CITY-ST-ZIP	SHALIMAR, FL 32579		05/13/04--00012--012 526.25
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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: Charles C. Clary 5-3-04 850-837-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #