

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

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002226**

**1. Entity Name**

**THE ARNOLD FAMILY LAND LIMITED PARTNERSHIP**



**Principal Place of Business**

**5323 BROWN STREET  
GRACEVILLE FL 32440**

**Mailing Address**

**P.O. BOX 155  
GRACEVILLE FL 32440**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt #, etc.**

**Suite, Apt #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**



**MOORE**

**CR2E003 (11/03)**

**4. FEI Number**

**62-1810504**

**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**

**ARNOLD, WILLIAM H  
3823 HIGHWAY 2  
GRACEVILLE FL 32440**

**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 if applicable**

**DATE**

**9. Capital Contributions  
as Shown on record**

**\$532,578.00**

**10. Amount of Capital Contributions  
in FLORIDA to date**

**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**

**13. ADDRESS CHANGES ONLY**

**DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**  
**ARNOLD, WILLIAM H  
3823 HIGHWAY 2  
GRACEVILLE FL 32440**

**STREET ADDRESS**

**CITY - ST - ZIP**

**U000000135656  
04/29/04-80001-008 526.25**

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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:**

*Henry Arnold*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*April 16, 2004*

**Date**

*850-263-3271*

**Daytime Phone #**

STAPLE CHECK HERE