## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## **DOCUMENT # A99000002261** 04 FEB 11 AH II: 16 HENRY W. MACLIN, JR. FAMILY LIMITED PARTNERSHIP. LTD. SECLETALY OF STATE TÄLLÄHASSEE FLORIÐA Principal Place of Business Mailing Address 662 HIGHWAY 98 EAST 662 HIGHWAY 98 EAST #750 #750 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chg-LP CR2E003 (10/03) Applied Fo 4. FEI Number City & State City & State 59-3679550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLIN, HENRY W JR Street Address (P.O. Box Number is Not Acceptable) 662 HIGHWAY 98 EAST #750 DESTIN, FL 32541 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 10. Amount of Capital Contributions \$770,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS MACLIN, HENRY W JR. NAME STREET ADDRESS 662 HIGHWAY 98 EAST, #750 CITY-SI-ZIP CITY-ST-ZIP DESTIN, FL 32541 **600029260576** 02/23/04~-01083~-002 \*\*526.50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP STAPLE CHECK HERE CITY-ST-\$P DOCUMENT. STREET ADDRESS NAME \* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZiP 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 employered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART Daytime Phone #

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