


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

DOCUMENT # <b>A99000002269</b>		
1. Entity Name <b>PANUSKA FAMILY LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>755 SUNRISE DRIVE EUSTIS FL 32726</b>	Mailing Address <b>755 SUNRISE DRIVE EUSTIS FL 32726</b>
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2. Principal Place of Business <b>35525 ESTES RD.</b>	3. Mailing Address <b>35525 ESTES RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>EUSTIS FL</b>	City & State <b>EUSTIS, FL</b>
Zip <b>32736</b>	Zip <b>32736</b>
Country <b>USA</b>	Country <b>USA</b>

**FILED**

04 APR 30 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

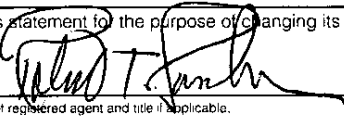
4. FEI Number <b>31-1703043</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ROBERT T. PANUSKA 755 SUNRISE DRIVE EUSTIS FL 32726</b>	
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7. Name and Address of New Registered Agent Name <b>Robert T. Panuska</b> Street Address (P.O. Box Number is Not Acceptable) <b>35525 ESTES RD.</b> City <b>EUSTIS</b> FL Zip Code <b>32736</b>	
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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 **4/05/04**

9. Capital Contributions as Shown on record. <b>\$1,624,644.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	PANUSKA, ROBERT T	STREET ADDRESS	<b>35525 ESTES RD.</b>
NAME	755 SUNRISE DRIVE	CITY-ST-ZIP	<b>EUSTIS, FL 32736</b>
STREET ADDRESS	EUSTIS FL 32726		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>800036487328</b>
NAME		CITY-ST-ZIP	<b>05/17/04--01015--002 **526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  DATE **4/05/04** DAYTIME PHONE # **352 408 7810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE