

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B00000000258						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 AUG 30 PM 1:25	
1. Entity Name HUSMANN-PEREZ FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 1220 NORTH MARKET STREET, SUITE 700 WILMINGTON, DE 19899-1355				Mailing Address 5309 29TH STREET EAST ELLENTON, FL 34222			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HUSMANN-PEREZ, MARGARET 5309 29TH STREET EAST ELLENTON, FL 34222				7. Name and Address of New Registered Agent Name <u>Husmann, Margaret</u> Street Address (P.O. Box Number is Not Acceptable) <u>5309 29th St E</u> City <u>Ellenton</u> <u>FL</u> Zip Code <u>34222</u>			
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 <u>Margaret Husmann</u> DATE <u>7/9/04</u> <small>Signature, type or print name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$1,000,000.00				10. Amount of Capital Contributions in FLORIDA to date. <u>—</u>		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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				STREET ADDRESS CITY-ST-ZIP			
HUSMANN-PEREZ, MARGARET 1220 NORTH MARKET STREET, SUITE 700 WILMINGTON, DE 198991355				500041329945 09/24/04--01080--009 **535.00			
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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: <u>Margaret Husmann</u>				<u>7/9/04</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date</small>			
<small>Daytime Phone #</small>							

STAPLE CHECK HERE