

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B01000000413

1. Entity Name
PATIENCE PARTNERS, L.P.



FILED

04 AUG 16 PM 2:08

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business
 950 NORTH ORLANDO AVE., SUITE 110
 WINTER PARK, FL 32789

Mailing Address
 950 NORTH ORLANDO AVE., SUITE 110
 WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092004

Chg-LP

CR2E003 (10/03)

8/16

4. FEI Number
 59-3635090

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2625

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 title if applicable.

DATE

9. Capital Contributions -
 as Shown on record. **\$0.00**

10. Amount of Capital Contributions
 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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

M01000002680
PATIENCE PARTNERS, LLC
950 NORTH ORLANDO AVE., SUITE 110
WINTER PARK, FL 32789

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300040592233
08/27/04--01079--002 **141.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300040592233
08/27/04--01079--003 **400.00

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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 a duly empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HARRISON H. ADAMS

7/9/04

Date

970-925-2926

Daytime Phone #

STAPLE CHECK HERE