

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B03000000081

1. Entity Name
DRIFTWOOD, LTD.



Principal Place of Business

**41 W. 1-65 SERVICE RD.
MOBILE, AL 36608**

Mailing Address

**P.O. BOX 160306
MOBILE, AL 36616-1306**

FILED

04 APR 30 PM 12:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

41 W. 1-65 Service Rd, N

3. Mailing Address

Suite, Apt. #, etc.

Third Floor - Colonial Bank Centre

City & State

Mobile, AL

City & State

Zip **36608-1201** Country

Zip Country

01212004 Chg-LP CR2E003 (10/03)

4. FEI Number

63-0762590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPUS, JOE
3298 SUMMIT BLVD. #18
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

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

Joe Campus
Signature, typed or printed name of registered agent and fee if applicable.

4-29-04

DATE

9. Capital Contributions
as Shown on record.

\$2,879,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,879,000.00

**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

DOCUMENT # **F03000001112**
NAME **THE MITCHELL COMPANY OF THE SOUTHEAST**
STREET ADDRESS **41 W. 1-65 SERVICE RD.**
CITY-ST-ZIP **MOBILE, AL 36608**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-04

Date

Daytime Phone #

STAPLE CHECK HERE