04/27/2004 14:13 FAX 850 784 0857 BURKE & BLUE P.A. 002
APR-27-04 TUE 07:34 AM FAX NO. 00000000000000 P. 02

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B94000000022

1. Entity Name
ADAMS FAMILY PARTNERSHIP, LTD.

FILED
04 APR 30 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4818 NORTHWOOD LAKE DR., E. NORTHPORT, AL 35473	4818 NORTHWOOD LAKE DR., E. NORTHPORT, AL 35473

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number: 63-1106638 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MACKIN, MELBA H
12611 ERIN LEA LANE
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name: Edward A. Hutchison, Jr.
Street Address (P.O. Box Number is Not Acceptable): 221 McKenzie Avenue
City: Panama City FL Zip Code: 32401

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] 4/27/04
DATE

9. Capital Contributions as Shown on record: ~~$801,029.00~~ $5466

10. Amount of Capital Contributions in FLORIDA to date: $5466

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	ADAMS, CATHERINE H 4818 NORTHWOOD LAKE DR., E. NORTHPORT, AL 35473	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	400036548744 05/18/04--01049--010 **141.25
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / 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: Catherine H. Adams 4/27/04 (205) 339-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #