


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

DOCUMENT # B95000000273 1. Entity Name JWN FAMILY PARTNERS, L.P., LTD.					
Principal Place of Business 6198 S. LECANTO HIGHWAY LECANTO FL 34461			Mailing Address 6198 S. LECANTO HIGHWAY LECANTO FL 34461		
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			7. Name and Address of New Registered Agent		
NEMETH, JOHN W JR. 6198 S. LECANTO HWY. LECANTO FL 34461			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
\$10,000.00		\$10,000.00			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NEMETH, JOHN W JR.		CITY-ST- ZIP		
STREET ADDRESS	6198 S. LECANTO HWY.				
CITY-ST- ZIP	LECANTO FL 34461				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NEMETH, JUDITH L		CITY-ST- ZIP		
STREET ADDRESS	6198 S. LECANTO HWY.				
CITY-ST- ZIP	LECANTO FL 34461				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NEMETH, JOHN P		CITY-ST- ZIP		
STREET ADDRESS	6198 S. LECANTO HWY.				
CITY-ST- ZIP	LECANTO FL 34461				
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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: <i>John W. Nemeth</i>			JOHN W. NEMETH 3/16/04 352-628-4910		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

3/17

4. FEI Number **62-1535829** 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

**NEMETH, JOHN W JR.
6198 S. LECANTO HWY.
LECANTO FL 34461**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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STAPLE CHECK HERE

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SIGNATURE: *John W. Nemeth* JOHN W. NEMETH 3/16/04 352-628-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #