


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

|                         |   |
|-------------------------|---|
| DOCUMENT # B95000000425 |  |
|-------------------------|---|



01092004 Chg-LP CR2E003 (10/03)

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|--|--|
| Principal Place of Business<br>710 SW DEPOT AVENUE #129<br>GAINESVILLE, FL 32601 | Mailing Address<br>1605 S. STATE ST., SUITE 112<br>CHAMPAIGN, IL 61820 |
|--|--|

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

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>37-1348470 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>THRASHER, ELWIN III<br>908 N. GADSDEN STREET<br>TALL., FL 32303 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|--|---|

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 _____ |
|-----------------|------------|

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record. \$1,937,000.00 | 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | G01137900100<br>GAINESVILLE PARTNERS<br>1605 S. STATE ST. SUITE 112<br>CHAMPAIGN, IL 61820 | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP | U000000082039<br>03/09/04 80011 009 526 25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>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: <u>Eric Sworner G.P. ERIC SWORNER</u> | Date: <u>1/9/04</u> | Daytime Phone #: <u>217-356-8888</u> |
|--|---------------------|--------------------------------------|

STAPLE CHECK HERE