


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUL 30 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000449		
1. Entity Name WIMSATT-AEE LIMITED PARTNERSHIP		

Principal Place of Business 4910 BARDSTOWN ROAD LOUISVILLE, KY 40291	Mailing Address 4910 BARDSTOWN ROAD LOUISVILLE, KY 40291
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02142004 Chg-LP CR2E003 (10/03)

4. FEI Number 61-1304555		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBB, CAROL 7197 BALBOA DR. ORLANDO, FL 32818		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,161,314.00	10. Amount of Capital Contributions in FLORIDA to date. \$0
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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	WIMSATT, GEORGE M JR.	CITY-ST-ZIP	100039735171 07/30/04--01050--002 **408.75
STREET ADDRESS	4910 BARDSTOWN ROAD		
CITY-ST-ZIP	LOUISVILLE, KY 40291		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	100039735171 07/30/04--01050--003 **141.29
STREET ADDRESS			
CITY-ST-ZIP			
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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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  7-02-04 502-495-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE