

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

APPROVED
AND
FILED

04 APR -2 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000508



1. Entity Name

PORTERFIELD FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1010 JORIE BLVD., SUITE 124
OAK BROOK IL 60523-4447

Mailing Address

1010 JORIE BLVD., SUITE 124
OAK BROOK IL 60523-4447

2. Principal Place of Business

509 WOOD RD

3. Mailing Address C/O READY

10 RISING SUN TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAK BROOK ILLINOIS

City & State

COLORADO SPRINGS, CO

Zip

60523

Country

USA

Zip

80921

Country

USA

4. FEI Number

36-4175386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINER, STEVEN I
12800 UNIVERSITY DRIVE, SUITE 600
FORT MYERS FL 33907

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$950.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$950.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
PORTERFIELD, HANK A
509 WOOD ROAD
OAK BROOK IL 60521

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600032838056
04/15/04 01019-023 ***141.25

DOCUMENT #
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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:

Henry A. Porterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HENRY A. PORTERFIELD

6/1/04

Date

719-488-3820

Daytime Phone #

STAPLE CHECK HERE