


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

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000183**

1. Entity Name  
**R.E.S. PARTNERS, L.P.**



Principal Place of Business      Mailing Address  
**7595 NW COUNTY HWY. 25A**      **10912 NW 14TH AVE.**  
**OCALA, FL 34470 02**      **GAINESVILLE, FL 32606**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02272004      Chg-LP      CR2E003 (10/03)

4. FEI Number  
**22-3570566**      Applied For  
 No Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAINES, TIM D**  
**125 NE FIRST AVENUE, SUITE 1**  
**OCALA, FL 34470**

**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 ~~3/4/04~~

9. Capital Contributions as Shown on return: **\$3,848,000.00**      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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-STATE-ZIP
B98000000182	R.E.S. GENERAL, L.P.	10912 NW 14TH AVE.	GAINESVILLE, FL 32606

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-STATE-ZIP

U00000090447  
 03/17/04-80019-005-535.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *EE Theurer* *EE Theurer*      3/4/04      352-321-8395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Gov't or Public #