

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

**FILED**  
**Jun 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000216**

**1. Entity Name**  
**ELLENBURG FAMILY LIMITED PARTNERSHIP**



**Principal Place of Business**  
**4807 CALHOUN MEMORIAL HIGHWAY**  
**EASLEY, SC 29642**

**Mailing Address**  
**P.O. BOX 786**  
**EASLEY, SC 29641**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-LP CR2E003 (10/03)

City & State

City & State

**4. FEI Number**  
**58-2379836**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**DARBY, HERBERT F**  
**327 NORTH HERNANDO STREET**  
**LAKE CITY, FL 32055**

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. **\$455,171.00**

**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.**

**\$526.25**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	
NAME	ELLENBURG, RALPH M SR.
STREET ADDRESS	4807 CALHOUN MEMORIAL HIGHWAY
CITY-ST-ZIP	EASLEY, SC 29642
DOCUMENT #	
NAME	ELLENBURG, HELEN P
STREET ADDRESS	4807 CALHOUN MEMORIAL HIGHWAY
CITY-ST-ZIP	EASLEY, SC 29642
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U00000162407
CITY-ST-ZIP	06/10/04-80003-013 526.25
STREET ADDRESS	U00000162407
CITY-ST-ZIP	06/10/04-80003-014 8.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

**4-15-04**

STAPLE CHECK HERE