

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

2004 APR 26 AM 9:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B98000000328

1. Entity Name
WIMSATT-ON LIMITED PARTNERSHIP



Principal Place of Business
**4910 BARDSTOWN ROAD
 LOUISVILLE, KY 40291**

Mailing Address
**4910 BARDSTOWN ROAD
 LOUISVILLE, KY 40291**



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

02102004 Chg-LP CR2E003 (10/03)

4. FEI Number 61-1327663		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

**ELLIS, DEBORAH
 943 WEST ORANGE BLOSSOM TRAIL
 APOPKA, FL 32712**

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. \$792,585.00	10. Amount of Capital Contributions in FLORIDA to date. \$37,585.00
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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	
	WIMSATT, GEORGE M		
STREET ADDRESS	4910 BARDSTOWN ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	LOUISVILLE, KY 40291		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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CITY-ST-ZIP			

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 05/14/04-01008-018-**-351-85

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: George M Wimsatt **3/2/04 502 495 3157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE