


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

**FILED**

04 APR 29 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A0000001363</b>	
1. Entity Name <b>GARAK FLP, LTD.</b>	

Principal Place of Business 1310 VERMONT AVE. LYNN HAVEN, FL 32444	Mailing Address 1310 VERMONT AVE. LYNN HAVEN, FL 32444
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04282004 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number <b>59-3670091</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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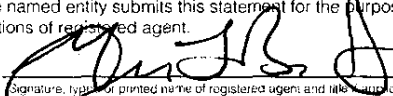
**6. Name and Address of Current Registered Agent**

**BABER, GEORGE LARRY JR**  
1310 VERMONT AVE  
LYNN HAVEN, FL 32444

**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 **28 APR 04**

9. Capital Contributions as Shown on record. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 CITY-ST-ZIP	<b>P00000075831 GARAK INVESTMENTS, INC. 1310 VERMONT AVE LYNN HAVEN, FL 32444</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>200036069832</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>05/11/04--01083--005 **167.50</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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)(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 L. Baber Jr** DATE **28 APR 04** (850) 248-0048