



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000858 1. Entity Name J & P CORCORAN FAMILY PARTNERSHIP, LLLP					
Principal Place of Business 4060 ROBERTS POINT ROAD SARASOTA, FL 34242			Mailing Address 4060 ROBERTS POINT ROAD SARASOTA, FL 34242		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1117610	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
9. Capital Contributions as Shown on record. \$50,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
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				STREET ADDRESS CITY-ST-ZIP	
FAMILY MANAGEMENT, LLC 4060 ROBERTS POINT ROAD SARASOTA, FL 34242				09/17/04-80003-009 526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date 15 AUG 2004 Daytime Phone #					

STAPLE CHECK HERE