



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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| DOCUMENT # A02000000089 1. Entity Name CARRON FAMILY LIMITED PARTNERSHIP |  |
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| Principal Place of Business 233 W. WATERS AVE. TAMPA, FL 33604 | Mailing Address 233 W. WATERS AVE. TAMPA, FL 33604 |
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|--|--|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|--|---------|---------|

FILED
 04 FEB -2 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01222004 Chg-LP CR2E003 (10/03)

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|--|--|---|
| 4. FEI Number 03-0379827 | | 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 | | 7. Name and Address of New Registered Agent |
| LEFLOCH, EUGENE M ESQ 1311 N. WESTSHORE BLVD. SUITE 205 TAMPA, FL 33607 | | 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.

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| 9. Capital Contributions as Shown on record. \$30,000.00 | 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 # | CARRON, LOUIS J SR. | STREET ADDRESS | 400028696224 02/13/04-01009-016 **299.75 |
| NAME | 17125 ORANGEWOOD DRIVE | CITY - ST - ZIP | |
| STREET ADDRESS | LUTZ, FL 33548 | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
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STAPLE CHECK HERE

M THOMAS

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: *Louis J. Carron Sr.* Louis J Carron Sr 01/22/04 933-7861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #