


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A03000000894 1. Entity Name HELEN REAVES FAMILY LIMITED PARTNERSHIP, LTD.	
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FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE

CR2E003 (4/04)

7/19

Principal Place of Business 8539 CONCORD COURT JACKSONVILLE FL 32208		Mailing Address 8539 CONCORD COURT JACKSONVILLE FL 32208	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLD, KATHLEEN H ONE INDEPENDENT DRIVE, STE. 2301 JACKSONVILLE FL 32208
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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. **\$436,800.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

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 #	P97000061050	STREET ADDRESS	
NAME	HELEN M. REAVES FAMILY INVESTMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	8539 CONCORD COURT		
CITY-ST-ZIP	JACKSONVILLE FL 32208		
DOCUMENT #		STREET ADDRESS	300039863433
NAME		CITY-ST-ZIP	08/04/04--01015--012 **541.25
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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: *Helen M Reaves*
SIGNATURE: Helen M Reaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-13-04(904)354,8201
Date Daytime Phone #

STAPLE CHECK HERE