


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY 20 PM 12: 12

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001413		
1. Entity Name FAHEY PARTNERSHIP, LLLP		

Principal Place of Business 815 BRIGHTWATER CIRCLE MAITLAND, FL 32751-4219	Mailing Address 815 BRIGHTWATER CIRCLE MAITLAND, FL 32751-4219
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03082004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
BRYANT, CARLA DELOACH ESQ 1201 SOUTH ORLANDO AVENUE, STE. 350 WINTER PARK, FL 32789	

4. FEI Number 32-0097552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 _____

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$420,000.00
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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 #	P03000073099	STREET ADDRESS	
NAME	D.M. FAHEY CORPORATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	815 BRIGHTWATER CIRCLE		
CITY-ST-ZIP	MAITLAND, FL 327514219		
DOCUMENT #		STREET ADDRESS	300036936343
NAME		CITY-ST-ZIP	05/19/04--01058--006 **2276.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

\$526.25

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: Doreen Fahey 3/9/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #