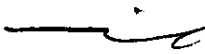


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A31055						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB 17 PM 12:46	
1. Entity Name FLOYD S. DILLARD FAMILY LIMITED PARTNERSHIP						 MOORE CR2E003 (11/03)	
Principal Place of Business 826 N. BAY EUSTIS FL 32726				Mailing Address 826 N. BAY EUSTIS FL 32726			
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 59-3042685						☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
DILLARD, FLOYD S M.D. 826 NORTH BAY EUSTIS, FL 32726						Name Street Address (P.O. Box Number is Not Acceptable) City FLZip 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. \$22,500.00				10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 DILLARD, FLOYD S M.D. STREET ADDRESS 826 NORTH BAY CITY-ST-ZIP EUSTIS FL				STREET ADDRESS CITY-ST-ZIP			
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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:  2/19/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERDateDaytime Phone #							

STAPLE CHECK HERE