


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31

DOCUMENT # A96000001443

1. Entity Name
JAMES BROWN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**111 SUN LANE
 PANAMA CITY BEACH, FL 32413**

Mailing Address
**P.O. BOX 6855
 DESTIN, FL 32550**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
P.O. Box 219
 Suite, Apt. #, etc.

City & State
Vernon, FL

City & State
Vernon, FL

Zip
32413

Country
Washington



02142004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3389189

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BROWN, JAMES J
 111 SUN LANE
 PANAMA CITY BEACH, FL 32413**

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. **\$442,639.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P96000049124	STREET ADDRESS	400031759044
NAME	SAFEL, INC.	CITY - ST - ZIP	04702704--01079--024 **526.25
STREET ADDRESS	111 SUN LANE		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413		
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			

STAPLE CHECK HERE

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: *James Brown* **2-25-04 850-535-2080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #