

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

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000463 1. Entity Name CARVER FAMILY LIMITED PARTNERSHIP	
--	---

Principal Place of Business 1003 JUPITER PARK LANE, SUITE 5 JUPITER FL 33458	Mailing Address 1003 JUPITER PARK LANE, SUITE 5 JUPITER FL 33458
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent CARVER FAMILY INVESTMENTS 1003 JUPITER PARK LANE, SUITE 5 JUPITER FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

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.	4. FEI Number 65-0814932 Applied For Not Applicable
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

9. Capital Contributions as Shown on record. \$1,500,000.00	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 STREET ADDRESS CITY - ST - ZIP	P96000042129 CARVER FAMILY INVESTMENTS, INC. ✓ 1003 JUPITER PARK LANE, SUITE 5 JUPITER FL 33458	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	UD00000070794 02/28/04-80033-017 526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: Donald Ray Carver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-04 561-747-6637
Date Daytime Phone #

STAPLE CHECK HERE