


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001787**  
1. Entity Name  
**THE CREEDEN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**703 HENNIS RD.  
WINTER GARDEN, FL 34787**

Mailing Address  
**703 HENNIS RD.  
WINTER GARDEN, FL 34787**

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

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country  
Zip Country



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3523845**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CREEDEN, CHARLES W  
703 HENNIS RD.  
WINTER GARDEN, FL 34787**

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. **\$874,747.47**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000058613 CREEDEN ENTERPRISES, INC. 703 HENNIS ROAD WINTER GARDEN, FL 34787</b>	STREET ADDRESS CITY-ST-ZIP	<b>U00000145969 05/13/04-80045-021 526 25</b>
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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)(f), 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:** *Charles W Creedon* **4/20/04** **407 877-2610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE