



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

**DOCUMENT # A99000001090**

1. Entity Name  
**FETTY ENTERPRISES, LTD.**



**FILED**  
04 FEB -4 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
1010 AMERICAN EAGLE BLVD., ~~██████████~~ 1010 AMERICAN EAGLE BLVD., ~~██████████~~  
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573

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 **59-3589142** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FETTY, LESTER E**  
~~3704 CARROLLBROOK ROAD~~  
~~TAMPA FL 33618~~  
**1010 AMERICAN EAGLE BLVD.**  
**SUN CITY CENTER, Florida 33573**

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. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **777,000**

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 #	FETTY, LESTER E	STREET ADDRESS	
NAME	1010 AMERICAN EAGLE BLVD., <del>██████████</del>	CITY-ST-ZIP	
STREET ADDRESS	SUN CITY CENTER FL 33573		
CITY-ST-ZIP		STREET ADDRESS	<b>1010 AMERICAN EAGLE BLVD.</b>
DOCUMENT #	FETTY, BETTY H	CITY-ST-ZIP	<b>SUN CITY CENTER, FLA. 33573</b>
NAME	3704 CARROLLBROOK ROAD		
STREET ADDRESS	TAMPA FL 33618	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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: *Lester E. Fetty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/26/04 1-813-634-1551**  
Date Daytime Phone #

STAPLE CHECK HERE