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

SIGNATURE:

DO	CUMENT	# A990000022	09	*		/R2290 to the		
1. Entity Name VAUGHN FAMILY LIMITED PARTNERSHIP								
						O4 FEB - 2 AM	9: 36	
Principa	Principal Place of Business Mailing Address							
	OUTH ASHLEY (A FL 33602	DR., STE 1300	67 LADOGA AVENUE TAMPA FL 33606			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
•								
		3. Mailing Address	3. Mailing Address					
∖∳Suite	e, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E003 (11/03)		
City	& State		City & State			4. FEI Number 59-7168778	Applied For Not Applicable	
Zip		Country	Zip	Zip Country			3.75 Additional e Required	
	6. Name and Address of Curre		t Registered Agent	<u></u>	<u> </u>	7. Name and Address of New Registered Age		
	KELLY PETER LESO					Name		
						ddress (P.O. Box Number is Not Acceptable)		
					City	FL	Zip Code	
8. The	The above named entity submits this statement for the purpose of changing its.				stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
	bove harried entity submits this statement of the purpose of changing its registered once of registered agent, of both, in the state of Florida. Familian with, and accept bligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title it applicable.								
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions 9, 250, 100.00 11. MAKE: CHECK PAYABLE TO FL. DEPT in FLORIDA to date. 12. 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.) FL. DEPT. OF STATE	
							ег.	
12.		GENERAL PARTNER INFORMATION		13.		ADDRESS CHANGES ONLY	1	
DOCUMEN	DOCUMENT # VAUGHN, ROBERT E			STR	EET ADDRESS			
STREET AL	DDRESS 67 LADO	67 LADOGA AVE. TAMPA FL 33606 VAUGHN, FRANCES C 67 LODOGA AVE. TAMPA FL 33606			ST-ZIP	400028010544 02/02/0401047016 **526.25		
CITY-ST-								
DOCUMEN NAME					EET ADORESS			
STREET AL					/-ST-ZIP			
DOCUMEN				STR	EET ADDRESS			
1	NAME STREET ADDRESS			CITY	/-ST-ZIP	The second secon		
DOCUMEN			<u> </u>	STR	EET ADDRESS			
NAME STREET AL				ł	/-ST-ZIP			
<u>~</u>	CITY-ST-ZIP. DOCUMENT # NAME STREET ADDRESS							
★ NAME				STR	EET ADDRESS			
	CITY-ST-ZIP				Y-ST-ZIP			
DOCUMENT NAME STREET A	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			STR	EET ADDRESS	m thomas		
1				CIT	Y-ST-ZIP			
inc	dicated on this rep	ort is true and accurate an	th this filing does not qualify f d that my signature shall have his report as required by Sha	e the sarr	ie legal effect as if i	ection 119.07(3)(i), Florida Statutes. I further certify made under oath; that I am a General Partner of th	that the information e limited partnership or	