



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

DOCUMENT # A97000001925 1. Entity Name NORTH FLORIDA ROCK, LTD.	
---	---

Principal Place of Business 1714 W. 23RD STREET, SUITE O PANAMA CITY FL 32405	Mailing Address 1714 W. 23RD STREET, SUITE O PANAMA CITY FL 32405
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
LC
02/25/04 04 FEB 13 PM 1:31

MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent WEBB, FRED M 1714 W. 23RD STREET, SUITE O PANAMA CITY FL 32405	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. \$10,000.00	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 #	H89395	STREET ADDRESS	
NAME	F.M.W. CONSTRUCTION SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1714 W. 23RD ST., SUITE O		
CITY-ST-ZIP	PANAMA CITY FL 32405		
DOCUMENT #		STREET ADDRESS	700029416427
NAME		CITY-ST-ZIP	02/26/04--01006--003 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:  **Fred M. Webb, Pres. FMW Construction Services, Inc.** 2/10/04 850 769-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE