


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

DOCUMENT # A97000000340

1. Entity Name

545 VICKERS LIMITED PARTNERSHIP





FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

Principal Place of Business	Mailing Address
535 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952 US	535 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952 US

2. Principal Place of Business		3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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VICKERS, CHARLES A JR. 535 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	Name
	Street Address
	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$25,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
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DOCUMENT #		STREET ADDRESS	
NAME	VICKERS, CHARLES A JR.		
STREET ADDRESS	535 EAST MERRITT ISLAND CAUSEWAY		
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	000000000000000000

DOCUMENT #		STREET ADDRESS	03/10/04--01049--011 **263.75
NAME			
STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP	

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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:

Charles A. Vickers Jr

02-24-2004

321-453-2166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone #