

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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # B94000000174					
1. Entity Name MOSLEY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1654 GRANT 7 SHERIDAN AR 72150			Mailing Address 1654 GRANT 7 SHERIDAN AR 72150		
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 71-0747779	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record		\$100,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	MOSLEY, JERRY L				
	1654 GRANT 7		CITY - ST - ZIP		
	SHERIDAN AR 72150				
DOCUMENT #	NAME		STREET ADDRESS		
	MOSLEY, MARGARET H				
	1654 GRANT 7		CITY - ST - ZIP		
	SHERIDAN AR 72150				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY - ST - ZIP		



MOORE CR2E003 (11/03)

4. FEI Number 71-0747779 Applied For  Not Applicable

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

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: *Jerry L Mosley* 3-18-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE