



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000078 1. Entity Name EAGER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 17251 N.E. 75 STREET WILLISTON, FL 32696			Mailing Address P.O. BOX 954 WILLISTON, FL 32696		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04272004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0991212	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, MARTY 101 SOUTHWEST 3RD STREET BOND, ARNETT, PHELAN, SMITH & CRAGGS, PA OCALA, FL 34474			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$5,900,000.00		10. Amount of Capital Contributions in FLORIDA to date.		\$ 526.25	
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 #	P00000002126		STREET ADDRESS		
NAME	EAGER INVESTMENTS, INC.		CITY - ST - ZIP		
STREET ADDRESS	17253 NE 75TH ST.		CITY - ST - ZIP		
CITY - ST - ZIP	WILLISTON, FL 32696		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			George W. Eager Jr. 4/28/04 352-528-9309 <small>Date Daytime Phone #</small>		

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