## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Mar 19, 2004 08:00 AM Secretary of State

	DOCUMENT # A0000000128  1. Entity Name PAYNE FAMILY PARTNERSHIP, LTD.					Secretary of State				_
	Principal Place of Business 1806 PUERTO BELLO DRIVE LADY LAKE, FL 32159		Mailing Address 1806 PUERTO BELL LADY LAKE, FL 321	Mailing Address 1806 PUERTO BELLO DRIVE LADY LAKE, FL 32159						
	2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02232004	Chg-LP	GR2E003 (	10/03)	
	City & State		City & State	City & State		4. FEI Number 59-3618			Applied For Not Applicat	
-	2ip		- 3hp		ntry -	5. Certificate o	f Status Desired	Fee F	Required	<u></u> -
	6. Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New R	egistered Agent	<u> </u>	
	PAYNE, HELEN M 1806 PUERTO BELLO DRIVE LADY LAKE, FL 32159				Street Address (I	P.O. Box Number	is Not Acceptable	)		
					City			FL Z	ip Code	
	<ol> <li>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.</li> </ol>									pt
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					·		DATE	a	
J	9. Capital Contributions as Shown on record. \$3,500,000.00									
	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.		t must be med	ADDRESS CHA			_
HERE	DOCUMENT # NAME	PAYNE, HELEN M TRUSTEE			EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	1806 PUERTO BELLO DRIVE LADY LAKE, FL 32159		cary	'-ST-ZIP		—— Hanaa	0007150		
	DOCUMENT # NAME STREET ADDRESS	CARR, HELEN C TRUSTEE 1806 PUERTO BELLO DRIVE		STRI	EET ADDRESS	<u> </u>	03/26/04	-88027-02	22 526, 25	_
	CITY+ST-ZIP	LADY LAKE, FL 32159			-ST-ZIP			. <del></del>		
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	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				:	•
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	CITY-ST ZIP		<u> </u>	CITY	-ST-ZIP		<u></u>	<u> </u>		<u>:=</u>
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	name Street address City-St-Zip				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	<u>*</u>
	14. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DATE DATE DATE DATE DATE DATE DATE										≂[