

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000189					
1. Entity Name BRADFORD INVESTMENTS, LTD.					
Principal Place of Business 2137 BRADFORD ST. CLEARWATER, FL 33760			Mailing Address 2137 BRADFORD ST. CLEARWATER, FL 33760		
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 36-4345044	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNAPMEYER, DON 413 CLEVELAND ST. CLEARWATER, FL 33760			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.		\$7,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
\$7,500.00		\$7,500.00			
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. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAREY, LINDA W 2137 BRADFORD ST. CLEARWATER, FL 33760		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAREY, MICHAEL T 2137 BRADFORD ST. CLEARWATER, FL 33760		STREET ADDRESS CITY-ST-ZIP	400000145175 05/03/04-80010-009 141.25	
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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: <i>Michael T. Carey</i> MICHAEL T. CAREY 4/21/04 813.417.6986					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE