



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB -3 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000528					
1. Entity Name NORTH FOURTH STREET FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204		Mailing Address PO BOX 40749 JACKSONVILLE, FL 32203			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CONNER, LEON 9161 MUD LAKE ROAD MACCLENNEY, FL 32063				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. \$12,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$6,131,000.00			
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. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	WALKER, GLADYS D TRUSTEE		CITY-ST-ZIP	400028189674	
CITY-ST-ZIP	148 NORTH FOURTH ST. MACCLENNEY, FL 32063			02/04/04--01020--010 **526.25	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CONNER, LEON		CITY-ST-ZIP	02/04/04--01020--010 **526.25	
CITY-ST-ZIP	9161 MUD LAKE ROAD MACCLENNEY, FL 32063				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	COMBS, LINDA S		CITY-ST-ZIP		
CITY-ST-ZIP	9161 MUD LAKE ROAD MACCLENNEY, FL 32063				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CONNER, FRED P		CITY-ST-ZIP		
CITY-ST-ZIP	9161 MUD LAKE ROAD MACCLENNEY, FL 32063				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
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: 			1/12/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			LEON CONNER		
			Date		
			Daytime Phone #		

STAPLE CHECK HERE