

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN 22 AM 9:28

SEAL OF THE STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # A00000000585					
1. Entity Name THE LYTAL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1030 SEA ACRES WAY JUNO BEACH, FL 33048			Mailing Address 1030 SEA ACRES WAY JUNO BEACH, FL 33048		
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 65-0991997		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		
LYTAL, LAKE JR. 1030 SEA ACRES WAY JUNO BEACH, FL 33048			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.		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
\$100,000.00		\$8.75		\$8.75	
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	LYTAL, LAKE JR. 1030 SEA ACRES WAY JUNO BEACH, FL 33048		STREET ADDRESS CITY-ST-ZIP	900038769029 07/06/04--01057--007 **526.25	
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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:			X6/14/04 561 820 2200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE