
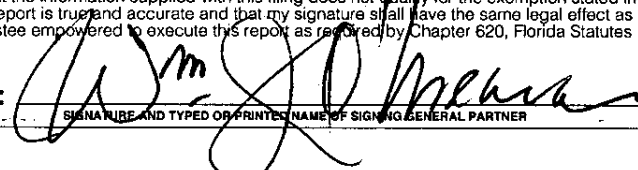


2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

DOCUMENT # A00000000670					
1. Entity Name O'MEARA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 401 BAYFRONT PLACE, UNIT #3506 NAPLES, FL 34102			Mailing Address 401 BAYFRONT PLACE, UNIT #3506 NAPLES, FL 34102		
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 59-3646507	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, JOSEPH B ESQ. C/O COX AND NICI 3001 TAMiami TRAIL N., SUITE 100 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1185 Immokalee Road Suite 110 City Naples FL Zip Code 34110		
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 _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____					
9. Capital Contributions as Shown on record. \$500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P00000039403		STREET ADDRESS		
NAME	O'MEARA FAMILY ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	401 BAYFRONT PLACE, UNIT #3506				
CITY-ST-ZIP	NAPLES, FL 34102				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	000032953610	
STREET ADDRESS				04/16/04--01038--005 **526.25	
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: 			Date: 1-22-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: 239 659-5975		

STAPLE CHECK HERE