


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000788 1. Entity Name YARBOROUGH INVESTMENTS OF BAKER COUNTY, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -2 PM 3:11

Principal Place of Business 115 SOUTH 5TH STREET MACCLENNY, FL 32063	Mailing Address 115 SOUTH 5TH STREET MACCLENNY, FL 32063
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2. Principal Place of Business 4670 Tom Norman Rd Suite, Apt. #, etc.	3. Mailing Address 4670 Tom Norman Rd Suite, Apt. #, etc.
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02182004 Chg-LP CR2E003 (10/03)

City & State Maccleddy, FL Zip Country 32063 USA	City & State Maccleddy, FL Zip Country 32063 USA
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4. FEI Number 59-3643339	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 YONG, FRANK J 701 RIVERSIDE PARK PL. STE. 110 JACKSONVILLE, FL 32204	7. Name and Address of New Registered Agent Name Frank J Yong Street Address (P.O. Box Number is Not Acceptable) 4570 St Johns Ave, Suite 1A City Jacksonville FL Zip Code 32210
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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 *Frank J Yong* DATE 2/20/2004
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,986,000
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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 # P00000042999 NAME BERNICE YARBOROUGH, INC. STREET ADDRESS 115 SOUTH 5TH STREET CITY-ST-ZIP MACCLENNY, FL 32063	STREET ADDRESS 4670 Tom Norman Road CITY-ST-ZIP Maccleddy, FL 32063
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 600030360706 03/12/04 01017 012 **526.25
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STAPLE CHECK HERE

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: *Evie T. Wombles* **Evie T. Wombles** 2/20/2004 904-259-2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #