2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 04, 2004 08:00 AM Secretary of State

Due by may 1, 2004					C C C C C C C C C C C C C C C C C C C	
DOCUMENT # A0000000865 1. Entity Name RICHARD T. DARRAGH FAMILY PARTNERSHIP, LLLP					Secretary of State	
Principal Plac	e of Business	Mailing Address 425 WEBBS COVE OSPREY, FL 34229 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country turrent Registered Agent 10. Amount of Capital Contribut in FLORIDA to date. NER THAT IS A BUSINESS ENTITY MUSTER MAY NOT be changed on the form; and the Market INFORMATION 13. STREET. CITY-ST STREET. CITY-ST STREET. CITY-ST STREET.		·		
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2. Principal Place of Business 3. Mailing Addr			-			
Suite, Apt, #, etc.		Suite, Apt. #, etc.			_	
					62162004 Chg-LP CR2E003 (10/03)	
City & Stat	te	City & State			4. FEI Number Applied Fo 65-1011098 Not Applied	
Zip	Country	Zip	Coun	ktry	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent	
DAPPACE					Name	
120112555 5512				Street Address (P.O. Box Number is Not Acceptable)	
OSPREY,	OSPREY, FL 34229					
				City	Zip Code	
The above named entity submits this statement for the purpose of changing its registered.				ed office or register.		
the obligat	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable.			DA75	
9. Capital Co		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code recibinitis 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 ared agent. In printed name of registered agent and the file purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept are printed name of registered agent agent, or both, in the State of Florida. I am familiar with, and accept are printed name of registered agent, or both, in the State of Florida. I am familiar with, and accept are printed name of registered agent, or both, in the State of Florida. I am familiar with, and accept are printed agent. In PLORIDA to date. In FLORIDA to date. IN PRINTER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. GENERAL PARTNER INFORMATION In FLORIDA to date. STREET ADDRESS CHANGES ONLY IN MILDRED E IS COVE IN STREET ADDRESS STREET ADDRESS				
as Shown						
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS I MAY NOT be changed on	ENTITY M	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE, it must be filed to change a general partner.	
12.						
DOCUMENT #	DARRAGH, MILDRED E		STRE	ET ADDRESS		
STREET ADORESS	425 WEBBS COVE					
CITY-ST-ZIP	OSPREY, FL 34229		CHY	-ST-ZIP		
DOCUMENT #			STRE	ET ADDRESS	99/19/04 00011 000 360.69	
NAME CTOTET ADDRESS	DARRAGH, RICHARD T		1			
STREET ADDRESS CITY-ST-ZIP	425 WEBBS COVE OSPREY, FL 34229		CATY	-ST-21P		
DOCUMENT #			STRE	et address		
NAME STREET ADDRESS			1			
CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS	· -	
STREET ADDRESS			СПУ	-ST-ZIP	Annual Control of the	
CATY-ST-ZEP DOCUMENT #						
NAME			STRE	ET ADDRESS		
STREET ADDRESS City-St-ZIP			CITY	-57- <i>Z</i> iP		
DOCUMENT 4			SIRF	ET ADDRESS		
NAME STREET ADDRESS			1	-		
CITY-57-ZIP			CITY	-57-ZP		
14. I hereby of indicated the receiv	certify that the information supplied to on this report is true and accurate a ver or trustee empowered to execute	with this filing does not qualify and that my signature shall have this report as required by Chi	for the exer ve the same apter 620, i	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the informationade under path; that I am a General Parlner of the limited partnership.	