


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JUN -4 PM 3:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A0000000999</b>				
1. Entity Name NANCY M. PHIPARD FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 1630 LANDS END ROAD MANALAPAN, FL 33462		Mailing Address 1630 LANDS END ROAD MANALAPAN, FL 33462		
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 <b>65-1026953</b>
				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
PHIPARD, INC. 1630 LANDS END ROAD MANALAPAN, FL 33462			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b> 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; <b>\$1,700,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P0000057445		STREET ADDRESS	<del>700037871017</del>
NAME	PHIPARD, INC.		CITY-ST-ZIP	
STREET ADDRESS	1630 LANDS END ROAD			06/11/04--01035--006 **437.50
CITY-ST-ZIP	MANALAPAN, FL 33462			
DOCUMENT #			STREET ADDRESS	<del>700037871017</del>
NAME			CITY-ST-ZIP	
STREET ADDRESS				06/11/04--01035--007 **28.75
CITY-ST-ZIP				
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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: <i>Nancy M. Phipard, Pres.</i>			Date: <i>3/24/04</i>	Daytime Phone # _____

STAPLE CHECK HERE