


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

DOCUMENT # A00000001007	
1. Entity Name WILLIAM N. AND LYNDA D. SNYDER, SR, FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 713 SEDDON COVE WAY TAMPA, FL 33602	Mailing Address 713 SEDDON COVE WAY TAMPA, FL 33602
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2. Principal Place of Business 363 Cruisers Drive Suite, Apt. #, etc.	3. Mailing Address 363 Cruisers Drive Suite, Apt. #, etc.
City & State Polk City, FL	City & State Polk City, FL
Zip 33868	Country Polk



03132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3655858	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 PULLUM, STEPHEN 1330 CITIZENS BLVD., STE 701 LEESBURG, FL 34748	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Lynda D. Snyder* **LYNDA D. SNYDER** 4-7-04 DATE

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1010,082
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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 #	NAME	STREET ADDRESS	363 Cruisers Drive
NAME	SNYDER SR, WILLIAM N	CITY-ST-ZIP	Polk City, FL 33868
STREET ADDRESS	713 SEDDON COVE WAY		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #	NAME	STREET ADDRESS	363 Cruisers Drive
NAME	SNYDER, LYNDA D	CITY-ST-ZIP	Polk City, FL 33868
STREET ADDRESS	713 SEDDON COVE WAY		
CITY-ST-ZIP	TAMPA, FL 33602		
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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: *Lynda D. Snyder* **LYNDA D. SNYDER** 4-7-04 863-984-2294
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE