


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

526.25

DOCUMENT # A00000001252 1. Entity Name DEWITT FLORIDA INVESTMENTS, LTD.				 FILED 04 MAY 27 AM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14463 WEST COLONIAL DRIVE WINTER GARDEN FL 34787		Mailing Address C/O ANN SEVERIUS P.O. BOX 770337 WINTER GARDEN FL 34777-0377			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14463 W Colonial Suite, Apt. #, etc.		 MOORE CR2E003 (11/03)	
City & State Winter Garden FL		City & State Winter Garden FL			
Zip 34787		Country USA			
4. FEI Number 59-3664704		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 SEVERNS-ANN L 14463 WEST COLONIAL DRIVE WINTER GARDEN FL 34787			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 #	L00000009619		STREET ADDRESS		
NAME	DEWITT MANAGEMENT, LLC		CITY-ST-ZIP	200037675462	
STREET ADDRESS	14463 WEST COLONIAL DRIVE			06/04/04--01068--002 **177.50	
CITY-ST-ZIP	WINTER GARDEN FL 34787				
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Ann L Severns

5/1/04 101/656/1999