

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004


FILED

04 AUG -2 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07162004 Chg-LP CR2E003 (10/03)

DOCUMENT # A00000001450			
1. Entity Name EMILY G. LIVELY FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 3775 GREYFIELD DRIVE TALLAHASSEE, FL 32311		Mailing Address 3775 GREYFIELD DRIVE TALLAHASSEE, FL 32311	
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 59-3672985		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		7. Name and Address of New Registered Agent	
CARRAWAY, F. WILSON F. JR. 3775 GREYFIELD DRIVE TALLAHASSEE, FL 32311		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	CARRAWAY JR, F. WILSON	STREET ADDRESS	
NAME	3775 GREYFIELD DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32311		
CITY-ST-ZIP			
DOCUMENT #	KEMP, EMILY C	STREET ADDRESS	600039949306
NAME	2132 GLENRIDGE DRIVE	CITY-ST-ZIP	08/06/04--01040--014 **526.25
STREET ADDRESS	TALLAHASSEE, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: F. Wilson Carraway Jr. 7-29-04 942-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

F. Wilson Carraway Jr.