2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED AND FILED
04 APR -2 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001512

1. Entity Name
ELOISE C. TURNER, LTD.

Principal Place of Business	Mailing Address
RT. 20, BOX 196 LAKE CITY, FL 32055	RT. 20, BOX 196 LAKE CITY, FL 32055

02102004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
252 NW Cali Drive	252 NW Cali Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, Fl	City & State: Lake City, Fl
Zip: 32055 Country: USA	Zip: 32055 Country: USA

4. FEI Number 59-3599430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, W. ROBINSON 1515 RIVERSIDE AVENUE, STE. A JACKSONVILLE, FL 32204	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 ______________________________ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$81,400.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	P03000010539	STREET ADDRESS	600032838886
NAME	TURNER REALTY MANAGEMENT, INC.		04/15/04--01021--003 **145.75
STREET ADDRESS	ROUTE 20, BOX 196	CITY-ST-ZIP	
CITY-ST-ZIP	LAKE CITY, FL 32055		
DOCUMENT #		STREET ADDRESS	600032838886
NAME			04/15/04--01021--002 **380.50
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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: Debra W. Childress 3/5/04 352-381-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #