


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

DOCUMENT # A00000001625		
1. Entity Name PAUL & SHERRI STANLEY, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -3 PM 3:12

Principal Place of Business 16407 AVILA BOULEVARD TAMPA FL 33613	Mailing Address 16407 AVILA BOULEVARD TAMPA FL 33613
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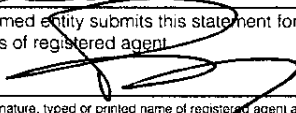
MOORE CR2E003 (11/03)

2. Principal Place of Business 16601 MILLAN DE AVILA	3. Mailing Address 16601 MILLAN DE AVILA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3684045	Applied For <input type="checkbox"/> Not Applicable
Zip 33613	Country HILLSBOROUGH	Zip 33613	Country HILLSBOROUGH

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STANLEY, PAUL M 16407 AVILA BOULEVARD TAMPA FL 33613		7. Name and Address of New Registered Agent Name PAUL STANLEY Street Address (P.O. Box Number is Not Acceptable) 16601 MILLAN DE AVILA City TAMPA State FL Zip Code 33613	
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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 	DATE 2-4-04

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
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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	CITY-ST-ZIP
	STANLEY, PAUL M	16601 MILLAN DE AVILA	TAMPA FL 33613
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	STANLEY, SHERRI N	16601 MILLAN DE AVILA	TAMPA FL 33613
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	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:  **PAUL M STANLEY** DATE **2-4-04** DAYTIME PHONE # **813-910-8809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE