

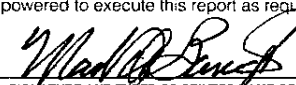


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001691						<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18px; font-weight: bold; transform: rotate(-5deg);">04 JAN 23 AM 8:20</div> <div style="font-size: 12px; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name THE BANE FAMILY LIMITED PARTNERSHIP				Principal Place of Business 601 PIEDMONT DRIVE TALLAHASSEE, FL 32312				Mailing Address 601 PIEDMONT DRIVE TALLAHASSEE, FL 32312	
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 59-3689656				Applied For Not Applicable				01132004 Chg-LP CR2E003 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				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					
TER LOUW, JOHN G 1550 GOODWOOD DRIVE TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$210,000.00				10. Amount of Capital Contributions in FLORIDA to date.				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 # NAME STREET ADDRESS CITY-ST-ZIP	BANE, MARK C JR. 601 PIEDMONT DRIVE TALLAHASSEE, FL 32312				STREET ADDRESS CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BANE, BETTY C 601 PIEDMONT DRIVE TALLAHASSEE, FL 32312				STREET ADDRESS CITY-ST-ZIP				
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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: 					Date: 1/13/04				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					<small>Date Daytime Phone #</small>				

STAPLE CHECK HERE