


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001704		
1. Entity Name G. DAVID RAYMOND FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411	Mailing Address 1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1064564

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, G. DAVID
 1633 FLAGLER MANOR CIRCLE
 WEST PALM BEACH, FL 33411

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 _____
 Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$407,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
STREET ADDRESS	RAYMOND, G. DAVID	CITY-ST-ZIP	
CITY-ST-ZIP	1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	RAYMOND, NANCY V	CITY-ST-ZIP	
CITY-ST-ZIP	1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL		
DOCUMENT #	NAME	STREET ADDRESS	
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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 20, Florida Statutes.

SIGNATURE: David Raymond 4 Mar 2004 5612917699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER