


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

DOCUMENT # A00000001720			
1. Entity Name R.W. SVETLIK FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 511 N. THIRD STREET PALATKA FL 32177		Mailing Address P.O. BOX 185 PALATKA FL 32178	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2004 MAR -4 AM 7:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 65-1125878		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	
SVETLIK, ROBERT WAYNE 822 TERRY LANE KEY WEST FL 33040 XXXXXXXXXX		Name Street Address (P.O. Box Number is Not Acceptable) 511 N. 3rd Street City Palatka FL Zip Code 32177	

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 **Feb. 1, 2004**

9. Capital Contributions as Shown on record. **\$566,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$ 127,526.00** 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
NAME	SVETLIK, ROBERT WAYNE		511 North 3rd St.
STREET ADDRESS	822 TERRY LANE	CITY-ST-ZIP	
CITY-ST-ZIP	KEY WEST FL 33040		Palatka, Fl. 32177
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb. 1, 2004 (386) 328-3406