


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A00000001787</b>		
1. Entity Name <b>THE MALLOY FAMILY LIMITED PARTNERSHIP</b>		
Principal Place of Business 1271 EMBER COURT MARCO ISLAND, FL 34145		Mailing Address 1271 EMBER COURT MARCO ISLAND, FL 34145

FILED

06 APR '04 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02052004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1064260</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MALLOY, JOSEPH P 1271 EMBER COURT MARCO ISLAND, FL 34145				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. <b>\$86,000</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$0,000.00</b>	<b>2/20/04</b>
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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 #	MALLOY, JOSEPH P 1271 EMBER COURT MARCO ISLAND, FL 34145	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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04/26/04--01026 014 \*\*526.25

*[Handwritten Signature]*

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:** *[Handwritten Signature]* **4/22/04 239-393-0882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE