

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

FILED

04 MAR 17 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # A0000001823

1. Entity Name
CYNTHIA STRICKLAND FAMILY LIMITED PARTNERSHIP



Principal Place of Business 7737 FERNBROOK WAY WINTER PARK, FL 32792	Mailing Address 7737 FERNBROOK WAY WINTER PARK, FL 32792
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03142004 Chg-LP CR2E003 (10/03) 3/17

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent

**STRICKLAND, CYNTHIA S
7737 FERNBROOK WAY
WINTER PARK, FL 32792**

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 _____

9. Capital Contributions as Shown on record. \$20,000.00	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 CITY-ST-ZIP	STRICKLAND, CYNTHIA S 7737 FERNBROOK WAY WINTER PARK, FL 32792	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Cynthia S. Strickland **3/15/04** **407-672-1768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #