


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

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000649

1. Entity Name
 TURNER FAMILY HOLDINGS, LTD.



Principal Place of Business
 215 SOUTH MONROE STREET, SUITE 400
 TALLAHASSEE, FL 32301

Mailing Address
 P.O. BOX 10261
 TALLAHASSEE, FL 32302

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3714920

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, M. STEPHEN
 215 SOUTH MONROE STREET, SUITE 400
 TALLAHASSEE, FL 32301

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 *M. Stephen Turner* DATE

9. Capital Contributions as Shown on record. \$10,001,785.00

10. Amount of Capital Contributions in FLORIDA to date. 3,000,000

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 #	L02000029239	STREET ADDRESS	
NAME	TURNER FAMILY HOLDINGS, LLC	CITY - ST - ZIP	
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 400		
CITY - ST - ZIP	TALLAHASSEE, FL 32301		
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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: *M. Stephen Turner* DATE: 1-14-04 DAYTIME PHONE #: 850-681-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER