

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -9 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000797					
1. Entity Name RM ALLEN FAMILY LIMITED PARTNERSHIP, LLP					
Principal Place of Business 714 N SCENIS HIGHWAY LAKE WALES, FL 33853			Mailing Address 714 N SCENIS HIGHWAY LAKE WALES, FL 33853		
2. Principal Place of Business 714 N. SCENIC HIGHWAY		3. Mailing Address 714 N. SCENIC HIGHWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3721835	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, RICHARD L 714 N SCENIS HIGHWAY LAKE WALES, FL 33853			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 714 N. SCENIC HIGHWAY 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$915,750.00		10. Amount of Capital Contributions in FLORIDA to date.			
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	ALLEN, RICHARD L		CITY-ST-ZIP		
STREET ADDRESS	703 WILDABON AVENUE				
CITY-ST-ZIP	LAKE WALES, FL 33853				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ALLEN, NATALIE J		CITY-ST-ZIP		
STREET ADDRESS	703 WILDABON AVENUE				
CITY-ST-ZIP	LAKE WALES, FL 33853				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: <i>Richard L. Allen</i>			Date <i>4-6-04</i> Daytime Phone #		

STAPLE CHECK HERE