


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

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001435</b>		
1. Entity Name <b>VELOCITY INVESTMENT LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>7910 IVYWOOD ROAD LARGO FL 33777</b>	Mailing Address <b>7910 IVYWOOD ROAD LARGO FL 33777</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>59-3753913</b>	Applied For Not Applicable
------------------------------------	-------------------------------

6. Name and Address of Current Registered Agent  <b>PETIT, RUTH A 7910 IVYWOOD ROAD LARGO FL 33777</b>	
--	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. <b>\$100,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <i>Same</i>	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	
STREET ADDRESS	<b>SPENCER, VICTOR L</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>7910 IVYWOOD ROAD LARGO FL 33777</b>		<b>1100000156711</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>05/06/04-80003-019 526.25</b>
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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>Thomas E. F...</i>	Date: <b>4/26/04</b>	Daytime Phone #: <b>727-3452318</b>
----------------------------------	----------------------	-------------------------------------

STAPLE CHECK HERE