


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

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001558 1. Entity Name JAMES E. RAY FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 285 GULF SHORE DRIVE SANTA ROSA BEACH FL 32459			Mailing Address 285 GULF SHORE DRIVE SANTA ROSA BEACH FL 32459		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3758731				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY, JAMES E 285 GULF SHORE DRIVE SANTA ROSA BEACH FL 32459			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		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 #	P00000093620		STREET ADDRESS		
NAME	JAMES E. RAY GENERAL PARTNER, INC.		CITY-ST-ZIP		
STREET ADDRESS	285 GULF SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP		
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MOORE CR2E003 (11/03)

4. FEI Number **59-3758731** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAY, JAMES E
285 GULF SHORE DRIVE
SANTA ROSA BEACH FL 32459**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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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:

James E. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James E. Ray

3/16/04
Date

(850) 231-4879
Daytime Phone #

STAPLE CHECK HERE