


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001563

1. Entity Name
THE ALSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
89 CIMMARON DRIVE **89 CIMMARON DRIVE**
PALM COAST, FL 32317 **PALM COAST, FL 32317**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04182004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,200,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$1,200,000.00

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 #	P01000112469	STREET ADDRESS	
NAME	ALSON ENTERPRISES, INC.	CITY - ST - ZIP	
STREET ADDRESS	89 CIMMARON DRIVE		
CITY - ST - ZIP	PALM COAST, FL 32137		
DOCUMENT #		STREET ADDRESS	00000013627E
NAME		CITY - ST - ZIP	04-29-03-00000-023-525-25
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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: *Alfred L. Alson* **Alfred L. Alson, M.D.** 4/18/04 (386)445-0554
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #