


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 JUN 14 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001630	
1. Entity Name STOKES FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 1636 LOVES POINT DRIVE LEESBURG, FL 34778	Mailing Address 1636 LOVES POINT DRIVE LEESBURG, FL 34778
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2. Principal Place of Business 708 Faulkner St Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1345 Suite, Apt. #, etc.
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04292004 Chg-LP CR2E003 (10/03)

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
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4. FEI Number 22-3851011	Applied For Not Applicable
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Zip 32168	Country	Zip 32170	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODSON, DOUGLAS 237 CANAL STREET NEW SMYRNA BEACH, FL 32168

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. \$1,299,900.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	Douglas Dale Hodson, Sr, Co-Trustee	STREET ADDRESS	P.O. Box 1345
NAME	Lauren Ann Bachmann, Co-Trustee	CITY-ST-ZIP	New Smyrna Beach, FL 32170
STREET ADDRESS	Varianne H. Stokes Family Trust, dtd 11/22/00		
CITY-ST-ZIP	P.O. Box 1345, New Smyrna Bch., FL 32170		
DOCUMENT #	HODSON, DOUGLAS D SR.	STREET ADDRESS	
NAME	P.O. BOX 1345	CITY-ST-ZIP	
STREET ADDRESS	NEW SMYRNA BEACH, FL 32170		
CITY-ST-ZIP			
DOCUMENT #	BACHMANN, LAUREN ANN	STREET ADDRESS	
NAME	6176 LOCUST HILL RD.	CITY-ST-ZIP	
STREET ADDRESS	DAYTON, OH 45459		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: Lauren Ann Bachmann Douglas Hodson 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE