


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000001646 1. Entity Name THE ARLIN TAYLOR RANCH LIMITED PARTNERSHIP	
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Principal Place of Business 11855 TAYLOR GRADE ROAD DUETTE, FL 33834	Mailing Address 11855 TAYLOR GRADE ROAD DUETTE, FL 33834
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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01202004	Chg-LP	CR2E003 (10/03)
4. FEI Number 22-3850249	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, ARLIN 11855 TAYLOR GRADE ROAD DUETTE, FL 33834	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
(Type, typed or printed name of registered agent and file if applicable)

9. Capital Contributions as Shown on record \$1,352,000.00	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 #	TAYLOR, ARLIN TRUSTEE	STREET ADDRESS	
NAME	11855 TAYLOR GRADE ROAD	CITY-ST-ZIP	
STREET ADDRESS	DUETTE, FL 33834		
CITY-ST-ZIP			1100000082626
DOCUMENT #	TAYLOR, ELEANOR I TRUSTEE	STREET ADDRESS	03/10/04-80003-005 526.25
NAME	11855 TAYLOR GRADE ROAD	CITY-ST-ZIP	
STREET ADDRESS	DUETTE, FL 33834		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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)(k), 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 executor or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Arlin Taylor* Arlin Taylor 2-21-04 941-776-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER