

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

AND
 FILED

04 JUN -4 PM 12:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000289 1. Entity Name THE GRAYBEARD GROWTH FUND, LTD.					
Principal Place of Business 1211 ORANGE AVE., SUITE 102 WINTER PARK, FL 32789			Mailing Address 1211 ORANGE AVE., SUITE 102 WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAHAM, COTTRILL, et al 110 HILLCREST STREET ORLANDO, FL 32801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$500,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$5,472,000		
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 #	L02000004971		STREET ADDRESS		
NAME	GRAYBEARD CAPITAL, LLC		CITY - ST - ZIP		
STREET ADDRESS	1211 ORANGE AVE., SUITE 102				
CITY - ST - ZIP	WINTER PARK, FL 32789				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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: <i>Wayne Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/27/04 Daytime Phone: 407-622-5925		



04262004 Chg-LP CR2EQ03 (10/03)

4. FEI Number **04,361,3584** Applied For
 APPLIED FOR Not Applicable

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

STAPLE CHECK HERE