

APR 2004
AND
FILED

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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
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2. Principal Place of Business	3. Mailing Address	
Site, Apt #, etc.	Suite, Apt #, etc	

City & State	City & State		
Zip	Country	Zip	Country



04262004	Chg-LP	CR2E003 (10/03)
4. FEI Number APPLIED FOR		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	
GRAHAM;COTTRILL,-et al 110 HILLCREST STREET ORLANDO, FL 32801	

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 *[Signature]* Signature, typed or printed name of registered agent and title if applicable DATE *[Date]*

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 #	NAME GRAYBEARD CAPITAL, LLC	STREET ADDRESS
NAME 1211 ORANGE AVE., SUITE 102	CITY-ST-ZIP	
STREET ADDRESS WINTER PARK, FL 32789		
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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)(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: *[Signature]* **4/27/04** **407-622-5925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone