
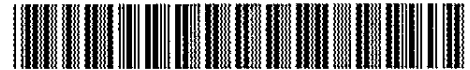


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000300			
1. Entity Name BERNABE & VIRGINIA DUNCIL'S FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 405 BLACK IRONWOOD DRIVE DELAND FL 32720		Mailing Address 405 BLACK IRONWOOD DRIVE DELAND FL 32720	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 71-0874031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNCIL, BERNABE 405 BLACK IRONWOOD DRIVE DELAND FL 32720		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. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. _____ 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	DUNCIL, BERNABE	CITY-ST-ZIP	
STREET ADDRESS	405 BLACK IRONWOOD DRIVE		
CITY-ST-ZIP	DELAND FL 32720		
DOCUMENT #		STREET ADDRESS	000000147131
NAME	DUNCIL, VIRGINIA	CITY-ST-ZIP	05/03/04-80094-007 150.00
STREET ADDRESS	405 BLACK IRONWOOD DRIVE		
CITY-ST-ZIP	DELAND FL 32720		
DOCUMENT #		STREET ADDRESS	
NAME	Returned:	CITY-ST-ZIP	Replacement check:
STREET ADDRESS	PAID		PAID
CITY-ST-ZIP	CHECK # 1003		CHECK # 1004
DOCUMENT #		STREET ADDRESS	April 12, 2004.
NAME	March 17, 2004,	CITY-ST-ZIP	THANK YOU.
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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:  **now check dated: 04/12/04**
March 17, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE