


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

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

DOCUMENT # A02000000469 1. Entity Name FT. PIERCE RELOAD, LLP	
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Principal Place of Business 253 FLORIDA AVENUE FT. PIERCE FL 34950	Mailing Address 253 FLORIDA AVENUE FT. PIERCE FL 34950
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 04-3635003	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, PETER O 253 FLORIDA AVENUE FT. PIERCE FL 34950
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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
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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.
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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 #	NAME	STREET ADDRESS	
NAME	MYERS, PETER O	CITY-ST-ZIP	
STREET ADDRESS	253 FLORIDA AVENUE		
CITY-ST-ZIP	FT. PIERCE FL 34950		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MYERS, KATHLEEN A	CITY-ST-ZIP	
STREET ADDRESS	253 FLORIDA AVENUE		
CITY-ST-ZIP	FT. PIERCE FL 34950		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	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)(f), 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>Peter O. Myers</i>	<i>Peter O. Myers</i>	3/04/2004	772-460-6211
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #