


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

DOCUMENT # A02000000486					
1. Entity Name STEPHEN F. BOOTH PRODUCTIONS, LTD.					
Principal Place of Business 8100 MIDNIGHT PASS ROAD SARASOTA FL 34242			Mailing Address 8100 MIDNIGHT PASS ROAD SARASOTA FL 34242		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0652848	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, STEPHEN F 8100 MIDNIGHT PASS ROAD SARASOTA FL 34242				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$30,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00	
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 #	NAME		STREET ADDRESS		
NAME	BOOTH, STEPHEN F		CITY-ST-ZIP	000036930820	
STREET ADDRESS	8100 MIDNIGHT PASS ROAD			05/19/04--01049--002 **158.75	
CITY-ST-ZIP	SARASOTA FL 34242				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BOOTH, GEORGE W		CITY-ST-ZIP		
STREET ADDRESS	30320 LEMOOR				
CITY-ST-ZIP	BEVERLY HILLS MI 48025				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(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: <u>Stephen F Booth</u>			STEPHEN F. BOOTH 4/23/04 (941)346-5556		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED

04 APR 27 PM 3:43

CLERK OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE

CR2E003 (11/03)

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Applied For
Not Applicable

STAPLE CHECK HERE