

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000519					
1. Entity Name MARYE K. PAYNE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 50 S.E. 4TH AVE. DELRAY BEACH, FL 33483			Mailing Address 50 S.E. 4TH AVE. DELRAY BEACH, FL 33483		
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 65-0874221	
				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			7. Name and Address of New Registered Agent		
PERRY, MARK A 50 S.E. 4TH AVE. DELRAY BEACH, FL 33483			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 _____ <small>Signature typed or printed name of registered agent and title of applicable.</small>			DATE _____		
9. Capital Contributions as Shown on record. \$2,414,201.00		10. Amount of Capital Contributions in FLORIDA to date \$1,939,435.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	P98000079610		STREET ADDRESS		
NAME	PAYNE MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	50 S.E. 4TH AVE.			U00000170725 08/23/04-80009-001 526.25	
CITY-ST-ZIP	DELRAY BEACH, FL 33483				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Suzanne Payne Engle TEE* SUZANNE Payne Engle TEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/5/04 703 780-9443