


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

<b>DOCUMENT # A02000000977</b> 1. Entity Name <b>PASSMORE FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>445 10TH STREET, S.W. VERO BEACH FL 32962</b>	Mailing Address <b>445 10TH STREET, S.W. VERO BEACH FL 32962</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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<b>PEEK, DAVID H 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE FL 32207</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code <b>FL</b>

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. <b>\$400,000.00</b>	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	<b>SHIRLEY, GRACE A</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>324 A VILLAGE DRIVE</b>		
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>PASSMORE, GAY S</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>445 10TH STREET, SW</b>		
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>		
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)(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:** Gay S. Passmore **Gay S. PASSMORE** 4/5/04 772-978-0505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**

**04 APR 13 AM 11:46**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



**MOORE CR2E003 (11/03) 4113**

4. FEI Number <b>52-2372358</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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STAPLE CHECK HERE

**\$526.25**