


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001472					
1. Entity Name BOYD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6105 WILLOW OAK CIRCLE BRADENTON, FL 34241			Mailing Address 6105 WILLOW OAK CIRCLE BRADENTON, FL 34241		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent MAY, BRENDA 4581 RIVERVIEW BLVD. BRADENTON, FL 34209			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 \$4,257,000.00			10. Amount of Capital Contributions in FLORIDA to date 4,257,000		
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	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	BOYD, WILBUR H	6105 WILLOW OAK CIRCLE	BRADENTON, FL 34241	UD00000114856	04/16/04-80001-003 526.25
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	BOYD, FAY T	6105 WILLOW OAK CIRCLE	BRADENTON, FL 34241		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	MAY, BRENDA	4581 RIVERVIEW BLVD.	BRADENTON, FL 34209		
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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>Ray J. Boyd</i>			14-7-04 778-8388		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE