


2004 LIMITED PARTNERSHIP ANNUAL REPORT
***Due By May 1, 2004**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001676		
1. Entity Name THE DOWDY FAMILY PARTNERS, LTD.		

Principal Place of Business 9001 POINT CYPRESS DRIVE ORLANDO, FL 32836	Mailing Address 1201 S. ORLANDO AVENUE SUITE 350 WINTER PARK, FL 32789
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03252004 Chg-LP CR2E003 (10/03)	
4. FEI Number 37-1454318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELOACH BRYANT, CARLA ESQ. 1201 SOUTH ORLANDO AVE. SUITE 350 WINTER PARK, FL 32789	
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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 _____

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	THE DOWDY FAMILY CORPORATION	STREET ADDRESS	
NAME	9001 POINT CYPRESS DRIVE	CITY - ST - ZIP	
STREET ADDRESS	ORLANDO, FL 32836		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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	
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SIGNATURE: _____	03.29.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE