


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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02367</b> 1. Entity Name LANDVEST, LTD.	
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Principal Place of Business 6215 WILSON BLVD. JACKSONVILLE, FL 32210	Mailing Address P.O. BOX 7779 JACKSONVILLE, FL 32238
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1497674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> TOWERS, C.D., JR. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$452.00	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 #	429999	STREET ADDRESS	
NAME	LANDVEST OF FLORIDA, INC	CITY - ST - ZIP	
STREET ADDRESS	6215 WILSON BLVD.		
CITY - ST - ZIP	JACKSONVILLE, FL 32210		1100000150368
DOCUMENT #		STREET ADDRESS	05/13/04-80019-006 141.25
NAME	TOWERS, C.D., JR.	CITY - ST - ZIP	
STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1500		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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

**SIGNATURE:**  **A.L. Burpee, Jr.** 4-30-04 904-778-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE