

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

DOCUMENT # A03000000063			
1. Entity Name DOUGLAS E. PEASE LIMITED PARTNERSHIP			
Principal Place of Business 5855 MIDNIGHT PASS ROAD, UNIT 216 SIESTA KEY FL 34242		Mailing Address 5855 MIDNIGHT PASS ROAD, UNIT 216 SIESTA KEY FL 34242	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED

04 FEB -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 16-1648116	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 LEE, H. GREG 2014 FOURTH STREET SARASOTA FL 34237	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,200,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$3,200,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION \$526.25
--	---	---

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	PEASE, DOUGLAS E	CITY-ST-ZIP	
STREET ADDRESS	5855 MIDNIGHT PASS ROAD, UNIT 216		
CITY-ST-ZIP	SIESTA KEY FL 34242		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	RICHTER, LEANNE	CITY-ST-ZIP	
STREET ADDRESS	915 N. HIGHLAND AVENUE		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PEASE, DAVID E	CITY-ST-ZIP	
STREET ADDRESS	762 DELMAR AVENUE		
CITY-ST-ZIP	ATLANTA GA 30312		
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			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

600028011856

02/02/04--01056--005 **526.25

M THOMAS

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: DOUGLAS E. PEASE 1/27/04 941 346 9132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE