

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**


04 JUL 13 AM 10:40

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**MJH**

**DOCUMENT # A03000000346**

1. Entity Name  
**THE EAC FAMILY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
 1905 SAXON DRIVE                      1905 SAXON DRIVE  
 NEW SMYRNA BEACH, FL 32169      NEW SMYRNA BEACH, FL 32169

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

07072004      Chg-LP      CR2E003 (10/03) **7/13**

4. FEI Number      Applied For  
**55-0823880**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



**6. Name and Address of Current Registered Agent**

CASEY, PATRICK E  
 1905 SAXON DRIVE  
 NEW SMYRNA BEACH, FL 32169

**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. **\$947,430.00**

10. Amount of Capital Contributions in FLORIDA to date. **# 947,430**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P03000007286	STREET ADDRESS	
NAME	PAT CASEY MANAGEMENT, INC.	CITY-ST-ZIP	<b>700039685947</b>
STREET ADDRESS	1905 SAXON DRIVE		<b>07/29/04--01028--003 **526.25</b>
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Patrick E. Casey      Date: 7/7/04      (386) 427-7038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #