

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
 1905 SAXON DRIVE
 NEW SMYRNA BEACH, FL 32169

Mailing Address
 1905 SAXON DRIVE
 NEW SMYRNA BEACH, FL 32169

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

4. FEI Number
55-0823880

Applied For
 Not Applicable

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

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



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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000007286 PAT CASEY MANAGEMENT, INC. 1905 SAXON DRIVE NEW SMYRNA BEACH, FL 32169	STREET ADDRESS CITY-ST-ZIP	700039685947 07/29/04--01028--003 **526.25
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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 **7/7/04** (386) 427-7038

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