2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

APPRUVET AND FILED

04 MAY -6 PH 5: 15

1. Entity Nam	e	# A03000000 FAMILY PARTNE			SECRETARY OF SET TALLAHASSEE, FLO				OF STATE	
Principal Place 2966 GOLDE TALLAHASSE	N EAGLE DR	RIVE	Mailing Address 2966 GOLDEN EAGLE DRIVE TALLAHASSEE, FL 32312					BEI 1 5041 5041	####	ı.
2. Principal Place of Business 3665 MOSSY CREEK LANE			3. Mailing Address 3665 MOSSY CREEK LANE							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262004	Chg-LP	CR2E00	3 (10/03)	
City & State TALLAHASSEE, FL			City & State TALLAHASSEE, FL			4. FEI Number 57-115949	93		Applied Fo	
32311	Country 6. Name and Address of Current I		32311	11		S. Certificate of Status Desired			\Box	
	6. Name	and Address of Current	legistered Agent							
STEINER, JAMES RUR					Name Names R. JR.					
2966 GOLDEN EAGLE DRIVE TALLAHASSEE, FL 32312					Street Address (P.O. Box Number is Not Acceptable) 3665 MOSSY CREEK LANE					
- A. 197					City TALLAHASSEE			FL Zip Code 32311		
8. The above	named entity	y submits this statement for tered approxi	the purpose of changing its	register			n the State of Flo	rida. I am fa		cept
SIGNATURE -	lan	or printed name of register of agent a	ad title if analisable			·		1/29/	104	
9. Capital Co	Julian Jana	()	10. Amount of Capit	outions			DAIC.			
	on regord.	\$1,802,000.00	in FLORIDA to d	ate. 1	,802,000.	00	\$526.2	5	• •	
4	NOTE:	ENERAL PARTNER T	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY M	UST BE REGIS	TERED AND ACT	IVE WITH TH	S OFFICE.	ner.	
12.		GENERAL PARTNER		13.			ADDRESS CHA			
DOCUMENT # NAME	1	NER INVESTMENTS, II	NC	STRI	EET ADDRESS 36	65 MOSSY CR	EEK LANE			
STREET ADDRESS CITY-ST-ZIP		DEN EAGLE DRIVE SSEE, FL 32312		CITY	-ST-ZIP TA	LAHASSE, FL 32311				
DOCUMENT # NAME				STRI	EET ADDRESS				_	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME		4. ************************************		. STRI	EET ADDRESS -		UU3 /• '0401014		565 **526.25	
STREET ADDRESS CITY-ST-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>		CITY	-ST-ZIP					
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14. I hereby of indicated the received	certify that the on this repo ver or trustee	e information supplied with rt is true and accurate and empowered to execute thi	this filing does not qualify to that my signature shall have s report as required by Chap	the exe the sam oter 620,	emption stated in S e legal effect as il Florida Statutes	Section 119,07(3)(i), F made under oath; th	Florida Statutes. I at I am a Genera	further certil I Partner of ti	y that the information in the limited partnersh	on hip or

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING GENERAL PARTNER