


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
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| DOCUMENT # A03000000613 1. Entity Name BOWYER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, RLLP |  |
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| Principal Place of Business 520 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 | Mailing Address 520 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



04272004 Chg-LP CR2E003 (10/03)

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| 4. FEI Number 51-0487391 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOWYER, JAMES W 520 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 | 7. Name and Address of New Registered Agent 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.

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| 9. Capital Contributions as Shown on record. \$490.00 | 10. Amount of Capital Contributions in FLORIDA to date. 250,000 |
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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 # | BOWYER, JAMES W 520 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

100025045664
04/30/04--01057--006 **\$26.25

JB
5/1/04

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

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|--|-----------------|---------------------------------|
| SIGNATURE: <i>James W. Bowyer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | 4/27/04 Date | 407-843-5120 Daytime Phone # |
|--|-----------------|---------------------------------|

James W. Bowyer

STAPLE CHECK HERE