


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000772 1. Entity Name EWING WATERPROOFING SYSTEMS LABOR, LTD.	
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Principal Place of Business 1315 NW 4TH PLACE GAINESVILLE, FL 32603	Mailing Address 1315 NW 4TH PLACE GAINESVILLE, FL 32603
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 962351337	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LITTELL, CHARLES W 4041 NW 43RD AVE. - SUITE B GAINESVILLE, FL 32606	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P03000051418	STREET ADDRESS	
NAME	EWS PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1315 NW 4TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL 32603		
DOCUMENT #		STREET ADDRESS	8000358431 78
NAME		CITY-ST-ZIP	05/10/04--01127--012 **150.00
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STREET ADDRESS			
CITY-ST-ZIP			

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: _____ **4/26/04** **352-372-4353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE