



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A03000000845</b>					
1. Entity Name <b>VERNER FAMILY LIMITED PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>4556 34TH STREET, S.W. ORLANDO FL 32811</b>			Mailing Address <b>POST OFFICE BOX 618146 ORLANDO FL 32811</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				MOORE CR2E003 (11/03)	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOLBROOK, H. LEON ESQUIRE ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				400038206574 06/23/04--01088--001 **150.00	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000062152			STREET ADDRESS	
NAME	RDVERNER, INC.			CITY-ST-ZIP	
STREET ADDRESS	4556 34TH STREET, S.W.				
CITY-ST-ZIP	ORLANDO FL 32811				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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: 				JAMES R. VERNER 5/12/04 407-425-3467	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

**FILED**  
04 JUN 17 AM 10:18  
STATE OF FLORIDA  
TALLAHASSEE



STAPLE CHECK HERE