2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

	DOF BY WY	AY 1, 2004	,			,	
DOCUMENT # A0300000871 1. Entity Name THOMASVILLE ROAD FINANCIAL CENTER, L.L.L.P.						loca de la constante de la con	
					04 APR 29	PH 12: 55	
Principal Place of Business Mailing Address					0110 00170 50	United the American	
C/O ROBERT R. DEISON C/O ROBERT R. DE		3500 FINANCIAL PLAZ C/O ROBERT R. DEISO TALLAHASSEE FL 323	SON		SECRETARY TALLAHASSE	E.FLORIDA	
	•						
2. Principal Place of Business 3500 Financial Plaza		3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		3500 Financi Suite, Apt. #, etc.	1al Plaza		MOORE	CD2E002 (44/02)	
Suite 202		Suite 202		MOORE	CR2E003 (11/03)		
City & State		City & State Tallahassee, Florida 32312		2210	4. FEI Number	Applied For	
<u>Tallaha.</u> Zip	ssee, Florida 32312 Country	Zio Zio	Country Country	2312	51-0469368	Not Applicable	
32312	USA	32312	USA		Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New	v Registered Agent	
				Name Robert Deison			
250	SON, ROBERT R 0 FINANCIAL PLAZA, SUITE	201	Street A	Street Address (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32312	201		3500 Financial Plaza			
			S	Súite 202			
			City	Tallahassee FL Zip Code 32312			
8. The above married entity submits this statement for the purpose of changing its registered office or registered age							
the obligations of rehistered agent 4-27-04							
SIGNATURE	Signature, typed or printed name of registered agent an	d title if annimable				DATE	
9. Capital Contributions as Shown on record. \$4,500,000.00 10. Amount of Capital Contribution in FLORIDA to date.				00,00	新聞を表示している。 107 m - 11	ECK PAYABLE TO FL. DEPT OF STATE RSE SIDE FOR FEE INFORMATION	
			TITY MUST BE	REGIST	ERED AND ACTIVE WITH		
12.	NOTE: General Partners MAY GENERAL PARTNER		e torm; an ame	endmen		general partner. CHANGES ONLY	
14.							
DOCUMENT #	GENERAL TANINGEN	III OHIVATIOI			ADDRESS C	MANGES ONE!	
DOCUMENT # NAME	DEISON, THOMAS H	IN CHIMATION	STREET ADORESS	350	O Financial Plaza		
NAME STREET ADDRESS	DEISON, THOMAS H 3500 FINANCIAL PLAZA, SUITE 20			<u> </u>	O Financial Plaza	, Suite 202 .	
NAME STREET ADDRESS CITY-ST-ZIP	DEISON, THOMAS H		STREET ADDRESS	<u> </u>		, Suite 202 .	
NAME STREET ADDRESS CITY-ST-ZIP. DOCUMENT #	DEISON, THOMAS H 3500 FINANCIAL PLAZA, SUITE 20 TALLAHASSEE FL 32312		STREET ADDRESS	Tal	O Financial Plaza	32312	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME	DEISON, THOMAS H 3500 FINANCIAL PLAZA, SUITE 20	i1	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Tal	O Financial Plaza	32312	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME	DEISON, THOMAS H 3500 FINANCIAL PLAZA, SUITE 20 TALLAHASSEE FL 32312 DEISON, ROBERT R	i1	STREET ADDRESS CITY-ST-ZIP	Tal	O Financial Plaza	32312 3 Suite 202	
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the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-04 (850) 386-7789
Date Daytime Phone #