


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

<b>DOCUMENT # A03000001056</b>		
1. Entity Name <b>THE-NUTTER FAMILY LIMITED PARTNERSHIP</b>		

**FILED**  
**2004 APR 23 PM 3:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>3639 EDGEWATER DR SEBRING FL 33872-2064</b>	Mailing Address <b>3639 EDGEWATER DR SEBRING FL 33872-2064</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business <b>3639 Edgewater Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>3639 Edgewater Dr.</b> Suite, Apt. #, etc.
City & State <b>Sebring FL</b>	City & State <b>Sebring FL</b>
Zip <b>33872</b>	Country <b>N. shlands</b>

4. FEI Number <b>51N 51-0475902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NUTTER, HELEN F 3639 EDGEWATER DR SEBRING FL 33872-2064</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$250,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>Same</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>NUTTER, HELEN F 3639 EDGEWATER DR SEBRING FL 33872-2064</b>	STREET ADDRESS	<b>200035796772 05/10/04--01032--002 **526.25</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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:** *Heleen F. Nutter, General Partner* **April 20, 2004** **863-386-6236**  
*Heleen F. Nutter, General Partner* **April 20, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE