

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # A03000001367		
1. Entity Name GEORGE CLAVEL GOULD LTD		

Principal Place of Business 1310 RIVERFIELD CT VALRICO, FL 33594	Mailing Address 1310 RIVERFIELD CT VALRICO, FL 33594
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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

04172004 Chg-LP CR2E003 (10/03)

4. FEI Number  
20-0238248

5. Certificate of Status Desired  \$8.75 Additional Fee Required  Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOULD, GEORGE C 1310 RIVERFIELD CT VALRICO, FL 33594		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

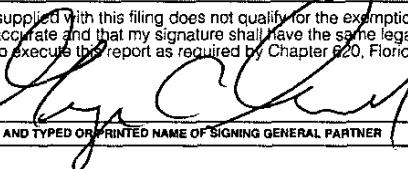
9. Capital Contributions as Shown on record: \$2,500.00	10. Amount of Capital Contributions in FLORIDA to date:
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	

STAPLE CHECK HERE

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 20, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

Date

813-785-9261

Daytime Phone #

FILED

04 APR 30 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

