

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 19 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000001412	
1. Entity Name CARSON FAMILY PARTNERSHIP, LLLP	



Principal Place of Business 4322 TIDEWATER DRIVE ORLANDO, FL 32812	Mailing Address 4322 TIDEWATER DRIVE ORLANDO, FL 32812
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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

03292004 Chg-LP CR2E003 (10/03)

4. FEI Number 72-1575128	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARLA DELOACH BRYANT, ESQUIRE 1201 SOUTH ORLANDO AVENUE, SUITE 350 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$250,000.00
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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	P03000084219 B&T CARSON FAMILY CORPORATION, INC. 4322 TIDEWATER DRIVE ORLANDO, FL 32812	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600032988036 04/19/04 01004 000 **2276-25
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\$526.25
THOMAS

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: <u>Bonnie Carson</u>	Date: <u>3/30/2004</u>	Daytime Phone #
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STAPLE CHECK HERE