


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 AUG -5 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001611		
1. Entity Name MARTIN FAMILY INVESTMENTS, LTD.		

Principal Place of Business 545 BRENT LANE PENSACOLA, FL 32503	Mailing Address 545 BRENT LANE PENSACOLA, FL 32503
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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

07232004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3594687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MARTIN, HOWELL J M.D. 545 BRENT LANE PENSACOLA, FL 32503	

7. Name and Address of New Registered Agent	
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: \$0.00	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 #	MARTIN, HOWELL J M.D.	STREET ADDRESS	
NAME	545 BRENT LANE	CITY-ST-ZIP	
STREET ADDRESS	PENSACOLA, FL 32503		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600940323006
NAME		CITY-ST-ZIP	08/19/04--01031--001 **116.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	07/18/04 01005 002 \$2500
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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: <i>Howell J. Martin, M.D.</i>	8/3/2004	850 477-5437
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE