


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

DOCUMENT # A03000001632	
1. Entity Name FRANCES L. RINES AND JAMES H. RINES FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 15375 SOUTHWEST WARFIELD BOULEVARD INDIANTOWN, FL 34956	Mailing Address P.O. Box 307 Indiantown, FL 34956
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2. Principal Place of Business	3. Mailing Address P. O. Box 307
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Indiantown, FL
Zip	Country USA
Country	Zip 34956

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
-RINES, JAMES H. 15375 SOUTHWEST WARFIELD BOULEVARD INDIANTOWN, FL 34956		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. \$3,800,000.00	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 #	FRANCES L. RINES AND JAMES H. RINES	STREET ADDRESS	15500 SW Trail Drive
NAME	15375 SOUTHWEST WARFIELD BOULEVARD	CITY-ST-ZIP	Indiantown, FL 34956
STREET ADDRESS	INDIANTOWN, FL 34956	STREET ADDRESS	900037870679
CITY-ST-ZIP		CITY-ST-ZIP	06/11/04--01034--004 **526.25
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DOCUMENT #		STREET ADDRESS	
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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: James H Rines James H RINES April 29, 04 772-597-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
04 JUN -4 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number **33-1074473** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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