

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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03138</b>			
1. Entity Name <b>WARREN, LTD.</b>			
Principal Place of Business <b>806 PIERCE ST. CLEARWATER FL 33756</b>		Mailing Address <b>806 PIERCE ST. CLEARWATER FL 33756</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1419167</b>		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 <b>WARREN, DALE R 806 PIERCE ST. CLEARWATER FL 34616</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$7,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WARREN, GLENN T</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>806 PIERCE ST.</b>		
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>		<b>U00000133500</b>
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WARREN, DALE R</b>	CITY-ST-ZIP	<b>04/27/04-80088-017 141.25</b>
STREET ADDRESS	<b>513 N. MAYO STREET</b>		
CITY-ST-ZIP	<b>CRYSTAL BEACH FL 34681</b>		
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STREET ADDRESS			
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>Dale R. Warren</i>		4/14/04 727 461-5014	

STAPLE CHECK HERE