


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Aug 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # A07317							
1. Entity Name CARRAWAY, LTD.							
Principal Place of Business 2626 MAHAN DRIVE TALLAHASSEE, FL 32308			Mailing Address 2626 MAHAN DRIVE TALLAHASSEE, FL 32308				
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 59-1889855			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CARRAWAY, F. WILSON JR. 2626 MAHAN DRIVE TALLAHASSEE, FL 32308			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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE _____			
9. Capital Contributions as Shown on record \$500.00		10. Amount of Capital Contributions in FLORIDA to date.		in accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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				
	CARRAWAY, F. WILSON JR.						
	3775 GREYFIELD DRIVE		CITY - ST - ZIP				
	TALLAHASSEE, FL 32311						
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			CITY - ST - ZIP				
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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: F. Wilson Carraway, Jr.			Date: 7/22/04		Daytime Phone #: 850-942-2628		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>		



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