


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

<b>DOCUMENT # A08755</b>			
1. Entity Name <b>REYNOLDS PROPERTIES, LTD.</b>			
Principal Place of Business <b>521 LAKE FRANCIS RD. LAKE PLACID FL 33852</b>		Mailing Address <b>521 LAKE FRANCIS RD. LAKE PLACID FL 33852</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
04 JAN 26 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number <b>59-1994951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>REYNOLDS, CHARLES 80 BEAR POINT LANE LAKE PLACID FL</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	
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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. <b>\$166,060.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
NAME	<b>REYNOLDS, CHARLES JR.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>80 BEAR POINT LANE</b>		
CITY-ST-ZIP	<b>LAKE PLACID FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>BULLARD REYNOLDS, BARBARA</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>112 BODENHAM RD.</b>		
CITY-ST-ZIP	<b>LAKE PLACID FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>REYNOLDS, TERRY L.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>106 BODENHAM RD.</b>		
CITY-ST-ZIP	<b>LAKE PLACID FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-19-04 8634654745

STAPLE CHECK HERE