


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 12 AM 10:39

DOCUMENT # A17842		
1. Entity Name GARY WAKSTEIN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 1605 WALOO LANE P O BOX 27302 PANAMA CITY BEACH, FL 32411	Mailing Address 204-A ELLEN LANE PANAMA CITY, FL 32408-5830
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2. Principal Place of Business 204-A ELLEN LANE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PANAMA CITY, FL	City & State
Zip 32408-5830	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2438156	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WAKSTEIN, GARY 119 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. \$950.00	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 #	WAKSTEIN, GARY	STREET ADDRESS	
NAME	204-A ELLEN LANE	CITY-ST-ZIP	
STREET ADDRESS	PANAMA CITY BCH., FL 32408		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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 04/30/04--01027--003 **141.25

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: GARY WAKSTEIN Date: 4-10-04 Daytime Phone #: 850-234-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE