


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A18620					
1. Entity Name THE WINCHESTER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business P. O. DRAWER 1220 BOYNTON BEACH, FL 33425			Mailing Address P. O. DRAWER 1220 BOYNTON BEACH, FL 33425		
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 59-2477781	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINCHESTER, BILL R. 9290 NICKELS BOULEVARD BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$606,400.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	WINCHESTER, BILL R.		CITY-ST-ZIP		
STREET ADDRESS	9290 NICKOLS BLVD.				
CITY-ST-ZIP	BOYNTON BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FINFROCK, M. FRANK		CITY-ST-ZIP	400027371184	
STREET ADDRESS	2899 BANYAN BLVD CIRCLE			01/22/04--01001--004 **526.25	
CITY-ST-ZIP	BOCA RATON, FL				
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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>M Frank Finfrock</i> M FRANK FINFROCK			Date 1-15-04 Daytime Phone # 561 994 8006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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