2004	IINIEODM	BUSINESS	REDORT	HRR
2UU 1	UNITURM	DU3INE33	REPURI	UDN

DOCU 1. Entity Nam	MENT # A2302	0	•			λ 2		
THE BRADSHAW FAMILY LIMITED PARTNERSHIP				FILED				
0:-:	- of Pusiness	Mailing Address			OI APR 27 PM	3: 5 ³		
Principal Place of Business Mailing Address		-			" ODETADY OF	STATE		
22051 N. O'BRIEN ROAD P.O. BOX 547853 HOWEY-IN-THE HILLS FL 34737 ORLANDO FL 32854-7853			SECRETARY TALLAHASSE		FICRIDA			
		٠				EN BIDIK BIDIK BIBIN BIDIN 1990)		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-2803567	Applied For Not Applicable			
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		Nome	7. Name and Address of New Registered	Agent		
DDADOUL	W CUADICO C ID	-		Name				
	w, Charles E., Jr. Op'brien RD			Street Address (P.O. Box Number is Not Acceptable)				
	-THE-HILLS FL 34731							
HOWETH	THIL THELD I C OVY O			City	FI	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.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	ed Agent signature required	when reinstating) DATE			
Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.				butions	11. MAKE CHECK PAYABL SEE REVERSE SIDE F			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND A NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed					TERED AND ACTIVE WITH THIS OFFIC It must be filed to change a general pa	E. rtner.		
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES OF	VLY		
DOCUMENT #	DDADOUAW CHADIES E ID		STR	EET ADDRESS	900004211	4893		
NAME STREET ADDRESS CITY-ST-ZIP	Bradshaw, Charles E. Jr. 22051 O'Brien Road Howey-In-The-Hills Fl		CITY	r-st-zip	-U5/11/010 ****141.25	1058012 ****141.25		
DOCUMENT #			STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			cin	Y-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
indicated	certify that the information supplied with d on this report is true and accurate and yer or trustee empowered to execute the	l that my signature shall have :	the sam	ie legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further or nade under oath; that I am a General Partner o	ertify that the information of the limited partnership or		

SKINGTURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/25/01 Date

(352) 429-4145

Daytime Phone #