


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

DOCUMENT # A23396 1. Entity Name COUNTRY MEADOWS ESTATES, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59



MOORE CR2E003 (11/03)

Principal Place of Business 208 W ALAMO DR LAKELAND FL 33813-1503	Mailing Address PO BOX 7064 LAKELAND FL 33807-7064
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. BOX 5400 Suite, Apt. #, etc. City & State LAKELAND, FL Zip 33807-5400 Country USA
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4. FEI Number 59-2738635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARPER, ROBERT F III 208 W ALAMO DR LAKELAND FL 33813-1503
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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. \$500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 CITY-ST-ZIP	G99051900271 FAIRFAX ASSOCIATES 208 W ALAMO DR LAKELAND FL 33813-1503	STREET ADDRESS CITY-ST-ZIP	800032748698 04/14/04--01042--020 ***141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J77199 COUNTRY MEADOWS ESTATES 208 W ALAMO DR LAKELAND FL 33813-1503	STREET ADDRESS CITY-ST-ZIP	
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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:  **3/16/04** **863-647-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

ROBERT F. HARPER, III