


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A23659</b> 1. Entity Name <b>SUNFLOWER TRAIL ESTATES, LTD.</b>	
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**FILED**  
 04 FEB -2 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>ATTN: GEROGE T. EIDSON, JR.</b> <b>255 S. ORANGE AVE., STE. 1000</b> <b>ORLANDO, FL 32801</b>	Mailing Address <b>P.O. BOX 231</b> <b>ORLANDO, FL 32802-0231</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>Attn: George T. Eidson, Jr.</b> Suite, Apt. #, etc. <b>P.O. Box 231</b>	4. FEI Number <b>59-2766201</b>
City & State Zip	City & State <b>Orlando, FL 32802-0231</b> Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



01082004 Chg-LP CR2E003 (10/03)

<b>6. Name and Address of Current Registered Agent</b> <b>EIDSON, GEORGE T., JR.</b> <b>CITRUS CENTER</b> <b>255 S. ORANGE AVE., STE. 1000</b> <b>ORLANDO, FL 32802</b>	<b>7. Name and Address of New Registered Agent</b> 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>\$2,629,046.63</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>\$526.25</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												
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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: George T. Eidson, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/19/04** Daytime Phone **407-843-**

**George T. Eidson, Jr.**

**7860**

STAPLE CHECK HERE