


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

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A24637</b> 1. Entity Name <b>WILLIAMS ROAD INVESTMENT FUND, LIMITED</b>	
---	---

Principal Place of Business <b>2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629</b>	Mailing Address <b>2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629</b>
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E003 (11/03)

4. FEI Number <b>59-2845861</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
---

<b>FROST, MICHAEL H. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629</b>
---

7. Name and Address of New Registered Agent
---

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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
-----------	------

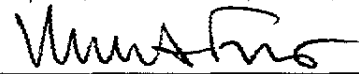
9. Capital Contributions as Shown on record. <b>\$736,570.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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	KENNEDY, DAVID A. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629	STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FROST, MICHAEL H. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629	STREET ADDRESS	000000102105	CITY - ST - ZIP	04/05/04-80001-012 526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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:  <b>Mike Frost</b>	Date <b>3/19/04</b>	Daytime Phone # <b>8132217535</b>
--	---------------------	-----------------------------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE