


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

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A26242 1. Entity Name SEVILLE PARTNERS OF DAYTONA LIMITED PARTNERSHIP	
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Principal Place of Business 800 NORTH FERN CREEK AVENUE ORLANDO FL 32803	Mailing Address 800 NORTH FERN CREEK AVENUE ORLANDO FL 32803
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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 41-1617165	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 LEWIS, ROBERT B., JR. 800 NORTH FERN CREEK AVENUE ORLANDO FL 32803	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. \$800,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA. 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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME LEWIS, ROBERT B JR	STREET ADDRESS	
	STREET ADDRESS 800 N. FERN CREEK AVE	CITY - ST - ZIP	
	CITY - ST - ZIP ORLANDO FL		
DOCUMENT #	NAME	STREET ADDRESS	
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	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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert B. Lewis Jr **3-15-04 407897386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #