


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

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A27644 1. Entity Name MEADOW RIDGE ESTATES, LTD.			
Principal Place of Business 208 W ALAMO DR LAKELAND FL 33813-1503		Mailing Address PO BOX 5400 LAKELAND FL 33807-5400	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HARPER, ROBERT F III 208 W ALAMO DR LAKELAND FL 33813-1503			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			



MOORE CR2E003 (11/03)

4. FEI Number 59-2924108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$200.00	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 #	G99051900271	STREET ADDRESS	
NAME	FAIRFAX ASSOCIATES	CITY - ST - ZIP	
STREET ADDRESS	208 W ALAMO DR		
CITY - ST - ZIP	LAKELAND FL 33813-1503		
DOCUMENT #	A22230	STREET ADDRESS	
NAME	MURRAY FINANCIAL GROUP, LTD.	CITY - ST - ZIP	
STREET ADDRESS	208 W ALAMO DR		
CITY - ST - ZIP	LAKELAND FL 33813-1503		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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04/06/04 00019 014 141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

863-647-5554

STAPLE CHECK HERE