

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

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A28369		
1. Entity Name J. PAT CORRIGAN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 7150 - 20TH STREET VERO BEACH FL 32966	Mailing Address 7150 - 20TH STREET VERO BEACH FL 32966
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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

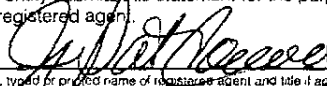


MOORE CR2E003 (11/03)

4. FEI Number 65-0124055		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HENDERSON, STEVE L ESQ. 817 BEACHLAND BLVD. VERO BEACH FL 32963

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL 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 1/30/04

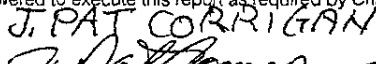
9. Capital Contributions as Shown on record. \$6,452,385.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE 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	
STREET ADDRESS	7150 - 20TH STREET	CITY-ST-ZIP	000000070417
CITY-ST-ZIP	VERO BEACH FL		02/28/04-80024-005 526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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	
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SIGNATURE: 	DATE 1/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	