

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



FILED

04 FEB -2 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

DOCUMENT # A29662 1. Entity Name THE ROBERT E. LAWLER FAMILY LIMITED PARTNERSHIP		Principal Place of Business 875 INDIAN RIVER DRIVE COCOA FL 32922		Mailing Address 875 INDIAN RIVER DRIVE COCOA FL 32922	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2989522	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAWLER, LAVONA S. 875 INDIAN RIVER DRIVE COCOA FL 32922			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$39,200.00		10. Amount of Capital Contributions in FLORIDA to date. \$11,000.00		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		
	LAWLER, ROBERT E.		CITY-ST-ZIP		
	875 INDIAN RIVER DRIVE				
	COCOA FL				
DOCUMENT #	NAME		STREET ADDRESS	500028696055	
	LAWLER, LAVONA E.		CITY-ST-ZIP	02/13/04--01008--014 **165.75	
	875 INDIAN RIVER DRIVE				
	COCOA FL				
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DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		

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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

SIGNATURE: Robert E. Lawler **1/23/2004** **321-636-0459**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #