


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

FILED

04 AUG -5 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9300000059
1. Entity Name
FLORIDA CONVENIENCE PARTNERS, LTD.



Principal Place of Business: 1836 WOODWARD ST. ORLANDO FL 32803
Mailing Address: 1836 WOODWARD ST. ORLANDO FL 32803

2. Principal Place of Business: 4776 New Broad Street, Suite 100, Orlando, FL
3. Mailing Address: 4776 New Broad Street, Suite 100, Orlando, FL



MOORE CR2E003 (11/03)

4. FEI Number: 59-2946820
5. Certificate of Status Desired: \$8.75 Additional Fee Required

Applied For: Not Applicable

6. Name and Address of Current Registered Agent
DETWEILER, MARLIN
1836 WOODWARD ST.
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): 4776 New Broad Street,
Suite 100
City: Orlando, State: FL, Zip Code: 32814

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: _____

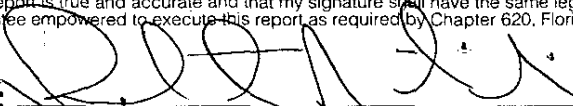
9. Capital Contributions as Shown on record: \$440,000.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	H38554
NAME	THE DETWEILER COMPANY
STREET ADDRESS	1500 LEE ROAD, STE. 109
CITY-ST-ZIP	ORLANDO FL 32810
DOCUMENT #	
NAME	DAVIDUK, RICHARD
STREET ADDRESS	5316 SHORELINE CIRCLE
CITY-ST-ZIP	SANFORD FL 32771
DOCUMENT #	K24724
NAME	STRANG BACHMAN AND COMPANY
STREET ADDRESS	200 AVE. B, N.W.
CITY-ST-ZIP	WINTER HAVEN FL 33881
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500040323195
STREET ADDRESS	08/19/04--01031--005 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  DATE: 4/27/04 DAYTIME PHONE: 407 810 2575

STAPLE CHECK HERE