


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

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000902 1. Entity Name ELIHOREPH, LTD.	
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Principal Place of Business 427 CITY LINE ROAD E BOWLING GREEN FL 33834	Mailing Address P.O. BOX 668 BOWLING GREEN FL 33834
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2. Principal Place of Business Suite, Apt. #, etc City & State Zip Country	3. Mailing Address Suite, Apt. #, etc City & State Zip Country
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MOORE CR2E003 (11/03)

4. FEI Number 65-0434426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARKER, JAMES D RT. 1, BOX 250-H COUNTY LINE ROAD, EAST BOWLING GREEN FL 33834	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. \$600,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	PARKER, JAMES D	STREET ADDRESS	
NAME	427 COUNTY LINE ROAD E	CITY - ST - ZIP	
STREET ADDRESS	BOWLING GREEN FL 33834		
CITY - ST - ZIP			
DOCUMENT #	PARKER, CARROLL S	STREET ADDRESS	
NAME	427 COUNTY LINE ROAD E	CITY - ST - ZIP	
STREET ADDRESS	BOWLING GREEN FL 33834		
CITY - ST - ZIP			
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CITY - ST - ZIP			

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05/07/04-80028-007 526.25

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:  **4/28/04 863-375-4311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE