


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001187

1. Entity Name
ABDONEY ENTERPRISES, LTD.



Principal Place of Business Mailing Address
1913 OAKMONT AVENUE **1913 OAKMONT AVENUE**
TAMPA, FL 33629 **TAMPA, FL 33629**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



04072004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-321125 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABDONEY, MICHAEL O
1913 OAKMONT AVENUE
TAMPA, FL 33629

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 _____
Signature typed or printed name of registered agent or office if applicable

9. Capital Contributions as Shown on record **\$5,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date

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 #	ABDONEY, MICHAEL O	STREET ADDRESS	
NAME	1913 OAKMONT AVENUE	CITY- ST- ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY- ST- ZIP			
DOCUMENT #	ABDONEY, REBECCA A	STREET ADDRESS	
NAME	1913 OAKMONT AVENUE	CITY- ST- ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY- ST- ZIP			
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CITY- ST- ZIP			

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 05/10/04-88022-010-526.25

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: *Michael O Abdoney* Date _____ Daytime Phone # _____
MICHAEL O ABDONEY **ABDONEY** OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE