


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

DOCUMENT # A93000001235		
1. Entity Name SCULLY FAMILY INVESTMENT COMPANY, LTD.		

FILED
2004 APR 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5324 BOCA MARINA CIRCLE BOCA RATON FL 33487	Mailing Address 5324 BOCA MARINA CIRCLE BOCA RATON FL 33487
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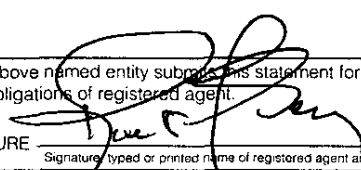
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent SCULLY, ROBERT F 5324 BOCA MARINA CIRCLE BOCA RATON FL 33487		7. Name and Address of New Registered Agent Name <u>SCULLY, ROBERT F.</u> Street Address (P.O. Box Number is Not Acceptable) <u>960 RIVER TRAIL</u> City <u>VERO BEACH</u> FL Zip Code <u>32963</u>	
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Address Change

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 4-16-04

9. Capital Contributions as Shown on record. \$770,000.00	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 #	G99133900043	STREET ADDRESS	960 River Trail
NAME	ROBERT F. SCULLY RESTATED & AMENDED REVOC	CITY-ST-ZIP	Vero Beach FL 32963 - 3936
STREET ADDRESS	5324 BOCA MARINA CIRCLE		
CITY-ST-ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	000035796790
NAME		CITY-ST-ZIP	05/10/04 01032 003 **526.25
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NAME		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 4-16-04 772-231-0985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE