


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 JUN 22 AM 9:28

SEAL OF THE STATE  
 TALLAHASSEE FLORIDA

60311

<b>DOCUMENT # A9400000089</b>			
1. Entity Name <b>SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1560 LANCASTER TERRACE, #1500 JACKSONVILLE, FL 32204</b>		Mailing Address <b>1560 LANCASTER TERRACE, #1500 JACKSONVILLE, FL 32204</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04232004 Chg-LP CR2E003 (10/03) *6/22*

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YONG, FRANK J CONE & YONG, P.A. 701 RIVERSIDE PARK PLACE STE. 110 JACKSONVILLE, FL 32204		Name <b>Cone, Jr., Fred M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Fred M. Cone, P.A.</b> 50 N. Laura Street, Ste. 2600 City Jacksonville FL Zip Code 32202	

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 *Fred M. Cone Jr.* **FRED M. Cone Jr, Ste 2600, 50 N. Laura St, Jacksonville, FL 32202** DATE *4/26/04*

9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P93000088317	STREET ADDRESS	
NAME	SNEAD Y. DAVIS, INC.	CITY-ST-ZIP	100038739151
STREET ADDRESS	1560 LANCASTER TERRACE, #1500		07/06/04--01029--021 **526.25
CITY-ST-ZIP	JACKSONVILLE, FL 32204	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: *Snead Y Davis* **Snead Y Davis** Date **4-26-04** Daytime Phone # **904-355-8941**