


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

<b>DOCUMENT # A94000000196</b>			
1. Entity Name <b>THE DOLORES A. BARTH FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>5331 DOMINICA CIRCLE SARASOTA FL 34233</b>		Mailing Address <b>5331 DOMINICA CIRCLE SARASOTA FL 34233</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**04 JAN 30 PM 2:26**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number <b>65-0468646</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BURQUEST, BILLIE 4003 BOOTH PLACE SARASOTA FL 34231</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 and title if applicable.

9. Capital Contributions as Shown on record. <b>\$152,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>- 0 -</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	---	--

**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 #		STREET ADDRESS	
NAME	<b>BURQUEST, BILLIE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>5331 DOMINICA CIRCLE</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**100027914721**  
**01/30/04--01011--025 \*\*141.25**

STAPLE CHECK HERE

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:** *Billie Burquest*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/25/04**

Date

**941-342-4595**

Daytime Phone #