


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

2004 AUG 23 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A94000000592</b> 1. Entity Name <b>CROUSE FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>924 RED DANDY DR.          ORLANDO, FL 32818</b>			Mailing Address <b>924 RED DANDY DR.          ORLANDO, FL 32818</b> <b>Carl Crouse          6036 Falcon Bridge Pl          Mt Dora FL 32757</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Principal Place of Business Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07212004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>59-3240094</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>PAPPAS, PETER C ESQ          2225 E ROBINSON ST          #540          ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE		
9. Capital Contributions as Shown on record. <b>\$100,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Carl Crouse          6036 Falcon Bridge Pl          Mt Dora FL 32757</b>		STREET ADDRESS CITY-ST-ZIP	<b>6036 FALCON BRIDGE PL          MT DORA, FLA 32757</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<b>900040684189          08/31/04--01021--003 **506.25</b>	
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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					
<b>SIGNATURE:</b> <i>Carl Crouse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>Aug 4 2004</i> <small>Date</small>		

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