


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

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001638</b>		
1. Entity Name DE LA PARTE PARTNERSHIP, LTD.		

Principal Place of Business 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629	Mailing Address 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629
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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



03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3283650		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE LA PARTE, L. DAVID 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629		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 and title if applicable.

9. Capital Contributions as Shown on record \$5,000,000.00	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 #	DE LA PARTE, HELEN W	STREET ADDRESS	
NAME	3435 BAYSHORE BLVD., #1700	CITY - ST - ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY - ST - ZIP			
DOCUMENT #	DE LA PARTE, L. DAVID	STREET ADDRESS	000000148229
NAME	101 E. KENNEDY BLVD., STE. 3400	CITY - ST - ZIP	04/29/04-80153-008 526.25
STREET ADDRESS	TAMPA, FL 33602		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: 	4/2/04	813-225-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		