2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

DOCUMENT # A9400001723  1. Entity Name PETERSON PARTNERS, LTD., L.P.							Apr 19, 2004 08:00 AM Secretary of State
Principal Place of Business 11 LAKESIDE LANE - UNITA NORTH WEY LARGO, RL 39037			11	ling Address LAKEBIDELANE- PRIHIKEYLARGO F		7	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01272004 Chg-LP CR2E003 (10/03)
City & State			City & State				4. FEI Number Applied For 65-0595100 Not Applied by
Zip	Zip Country		Z	Zip Coun		ntry	5. Certificate of Status Desired
	6. Name	and Address of Curren	Registe	ered Agent		Name	7. Name and Address of New Registered Agent
PETERSON, MARJORIE W 11 LAKESIDE LANE - UNIT A NORTH KEY LARGO, FL 33037							(P.O. Box Number is Not Acceptable)
							. 433
						City	Zlp 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							
Signature, typed or printed name of registered agent and title if applicable  9. Capital Contributions  10. Amount of Capital Contributions							
as Shown on record. \$3,500,000.00 in FLORIDA to date.							
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.	<del></del> _	ADDRESS CHANGES ONLY
OCCUMENT # NAME PETERSON, MARJORIE W STREET ADDRESS 11 LAKESIDE LANE - UNIT A						EET ADDRESS	
CITY-ST-ZIP	ST-ZIP NORTH KEY LARGO, FL 33037			<u></u>		Y-ST-ZIP	U00000131463 04/27/04-80006-021_526_25
DOCUMENT # NAME				St		EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP					- CIT	r-st-ZIP	
DOCUMENT # NAME					STE	BET ADDRESS	
STREET ADDRESS CITY-ST-ZIP					Cir =	Y-ST-Z8P	
DOCUMENT # NAME					STE	EET ADDRESS	
Street Address City-St-DP			,	<u> </u>	CIT	Y-ST-ZIP	
DOCUMENT # NAME					SIF	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP					CHT	Y-ST-ZIP	
DOCUMENT # NAME					SIF	EET ADDRESS	
STREET ADDRESS CHTY-ST-ZIP						Y-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							

**FILED** 

SIGNATURE: Warjorie W. Peterson Marjorie W. Peterson 4/10/04/3093672819