

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

DOCUMENT # A95000000128

1. Entity Name
EVERGREEN INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business 13129 N. 19TH ST. TAMPA, FL 33612	Mailing Address 2519 MCMULLEN BOOTH RD., #510-257 CLEARWATER, FL 33761
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

NOEL, JERRY
2519 MCMULLEN BOOTH RD., #510-257
CLEARWATER, FL 33761

FILED

2004 JAN 16 AM 10:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3377383

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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 **1/14/04**

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$160,000.00	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
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DOCUMENT #	P94000088197
NAME	EVERGREEN INVESTMENTS, INC.
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD, SUITE 510-257
CITY-ST-ZIP	CLEARWATER, FL 33761

STREET ADDRESS	
CITY-ST-ZIP	

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CITY-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.

SIGNATURE: _____ DATE **1/14/04** DAYTIME PHONE # **727-9395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE