


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

DOCUMENT # A95000000461	
1. Entity Name LAUREL ENTERPRISES, LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 18 PM 3:20

Principal Place of Business 489 W. MINNEHAHA AVE. CLERMONT FL 34711	Mailing Address P.O. BOX 91085 LAKELAND FL 33804
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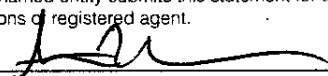


MOORE CR2E003 (11/03)

2. Principal Place of Business 139 Connie Lee Ct.	3. Mailing Address Suite, Apt. #, etc.
City & State Lakeland, FL	City & State
Zip 33809-2259	Country USA

4. FEI Number 59-3310081	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TARA FINANCIAL SERVICES, INC. 487 W. MINNEHAHA AVE CLERMONT FL 34711	7. Name and Address of New Registered Agent Name Stephen DeCubellis Jr Street Address (P.O. Box Number is Not Acceptable) 139 Connie Lee Ct. City Lakeland FL Zip Code 33809
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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 3/15/04

9. Capital Contributions as Shown on record. \$31,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$31,500.00	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
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	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	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:  **3/15/04** **863-858-8998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE