


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 23 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000665		
1. Entity Name THE TOLPIN FAMILY COMPANY, LTD.		

Principal Place of Business 5340 HILLOCK COURT ORLANDO, FL 32810	Mailing Address 5340 HILLOCK COURT ORLANDO, FL 32810
--	--

2. Principal Place of Business 33329 LAKESHORE DR Suite, Apt. #, etc.	3. Mailing Address 33329 LAKESHORE DRIVE Suite, Apt. #, etc.
---	--



04152004 Chg-LP CR2E003 (10/03)

City & State TAVARES, FLORIDA	City & State TAVARES, FLORIDA
Zip 32778	Zip 32778
Country LAKE	Country LAKE

4. FEI Number 59-3314025	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GASE, JAMES E CPA 280 W. CANTON AVE., SUITE 330 WINTER PARK, FL 32789	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$135,000.00	10. Amount of Capital Contributions in FLORIDA to date. SAME
---	--

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 CITY-ST-ZIP	P95000016761 ANN MARSHALL, INC. 300 INTERNATIONAL PKWY., STE. 376 HEATHROW, FL 32746	STREET ADDRESS CITY-ST-ZIP	33329 LAKESHORE DRIVE TAVARES, FLORIDA 32778
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	800035796898 05/10/04 01032 008 **525.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: SHEILA A. TOLPIN, PRESIDENT, ANN MARSHALL INC. 4/19/04 (352) 383-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE