

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

APPROVE
AND
FILED

04 MAY 10 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

DOCUMENT # A95000001060	
1. Entity Name NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LTD.	



Principal Place of Business % STEVEN WOOD 2400 SE FEDERAL HWY STUART FL 34994	Mailing Address P.O. BOX 2659 STUART FL 34995
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2. Principal Place of Business	3. Mailing Address P.O. Box 3209
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State STUART FL
Zip	Country MARTIN

4. FEI Number 65-0593008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOOD, STEVEN J ESQ. 2400 SE FEDERAL HWY STUART FL 34994	
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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. \$3,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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	
NAME	OLAZABAL, NELSON	CITY-ST-ZIP	
STREET ADDRESS	8425 S.W. KANNER HIGHWAY		
CITY-ST-ZIP	INDIANTOWN FL 34956		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	OLAZABAL, AGNES	CITY-ST-ZIP	
STREET ADDRESS	8425 S.W. KANNER HIGHWAY		
CITY-ST-ZIP	INDIANTOWN FL 34956		
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CITY-ST-ZIP			

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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: 5/5/04	Daytime Phone #: 772-597-5917
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STAPLE CHECK HERE