


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001089		
1. Entity Name TIBBETTS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG, FL 33712
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
Zip	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3327895	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANDES, RUSSEL P 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG, FL 33712	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title, if applicable

9. Capital Contributions as Shown on record. \$730,000.00	10. Amount of Capital Contributions in FLORIDA to date. 730,000.00
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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 #	TIBBETTS, LINTON N TRUSTEE	STREET ADDRESS	
NAME	3300 FAIRFIELD AVENUE SOUTH	CITY-ST-ZIP	
STREET ADDRESS	ST. PETERSBURG, FL 33712		
CITY-ST-ZIP		STREET ADDRESS	U00000133672
		CITY-ST-ZIP	04/27/04-30037-015 535.00
DOCUMENT #		STREET ADDRESS	
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		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Linton N. Tibbetts 4/12/04 (727) 327-4503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #