


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

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000001207 1. Entity Name THE DUFFY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3338 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235			Mailing Address 3338 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0611323 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E003 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ISPHORDING, ROGER O 901 VENETIA BAY BLVD., SUITE 110 VENICE FL 34292			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,368,608.00		10. Amount of Capital Contributions in FLORIDA to date. 1,368,608.00		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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	02/28/04-80001-014 526.25	
STREET ADDRESS	3338 HIGHLANDS BRIDGE ROAD		CITY - ST - ZIP		
CITY - ST - ZIP	SARASOTA FL 34235		STREET ADDRESS		
DOCUMENT #	NAME		CITY - ST - ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
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: <i>Edward W. Duffy</i>			2/4/04 941-379-0904 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE