


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 4, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001744 1. Entity Name PAGAN FAMILY LIMITED PARTNERSHIP		
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Principal Place of Business 3224 HARVEST MOON DR. PALM HARBOR, FL 34683	Mailing Address 5318 LINDNER PLACE NEW PORT RICHEY, FL 34652
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



02102004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3346034	<input type="checkbox"/> 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 PAGAN, ROSA M 3224 HARVEST MOON DR. PALM HARBOR, FL 34683
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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	
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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. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	PAGAN, ROSA M 3224 HARVEST MOON DR. PALM HARBOR, FL 34683	STREET ADDRESS	
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	0000000158595 05/07/04-80028-008 526.25
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		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:  **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE