


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000002104					
1. Entity Name BLANCHE B. PRICE FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 10555 WINTER GARDEN-VINELAND ROAD ORLANDO, FL 32836			Mailing Address 10555 WINTER GARDEN-VINELAND ROAD ORLANDO, FL 32836		
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 59-3354553	
				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				7. Name and Address of New Registered Agent	
DUNEGAN, STEPHEN D ESQUIRE 390 NORTH ORANGE AVENUE, SUITE 1650 ORLANDO, FL 32801				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. \$120,000.00			10. Amount of Capital Contributions in FLORIDA to date. 120,000		
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 #	MOTCHECK, LINDA J TRUSTEE 10555 WINTER GARDEN-VINELAND ROAD ORLANDO, FL 32836			STREET ADDRESS	000000120150 04/20/04-80008-004 526.25
NAME					
CITY-ST-ZIP					
DOCUMENT #	KILLGORE, BARBARA J TRUSTEE 10555 WINTER GARDEN-VINELAND ROAD ORLANDO, FL 32836			STREET ADDRESS	
NAME					
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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: <i>Barbara J Killgore</i>				Barbara J. Killgore	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
				Daytime Phone #	

STAPLE CHECK HERE