


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

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000081			
1. Entity Name PERRY FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 8200 NW 15TH PLACE GAINESVILLE FL 32606		Mailing Address 8200 NW 15TH PLACE GAINESVILLE FL 32606	
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 59-3352793 <input type="checkbox"/> 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	
PERRY, CHARLES R 8200 NW 15TH PLACE GAINESVILLE FL 32606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____			
9. Capital Contributions as Shown on record. \$1,770,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P96000002638	STREET ADDRESS	
NAME	CNP, INC.	CITY-ST-ZIP	
STREET ADDRESS	8200 NW 15TH PLACE ✓		
CITY-ST-ZIP	GAINESVILLE FL 32606		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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: _____		JANUARY 29, 2004 352-531-4088	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE