


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

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000564	
1. Entity Name DOSS/GORMAN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 21 TIDY ISLAND BLVD. BRADENTON FL 34210	Mailing Address 21 TIDY ISLAND BLVD. BRADENTON FL 34210
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2. Principal Place of Business Suite, Apr. #, etc.	3. Mailing Address Suite, Apr. #, etc.
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City & State	City & State	4. FEI Number 65-0648645	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHELDRIK, MERCIA M 21 TIDY ISLAND BLVD. BRADENTON FL 34210		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,378,857.50	10. Amount of Capital Contributions in FLORIDA to date. \$1,378,857.50	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	000000070658
STREET ADDRESS	21 TIDY ISLAND BLVD.	CITY - ST - ZIP	02/28/04-80029-004 526.25
CITY - ST - ZIP	BRADENTON FL 34210		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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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: Mercia M. Shelbrick 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #