2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 16, 2004 08:00 AM Secretary of State

DOCUMENT # A9600000865 1. Entity Name JACK F. WAYBRANT FAMILY LIMITED PARTNERSHIP					Secretary of State				
814 EAST KELLER COURT 814 EAST KEI		Mailing Address 814 EAST KELLER O	KELLER COURT						
HERIVANDO,	rL 34442	HERNANDO, FL 344	142		 				
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052004	Chg-LP	CR2E00	3 (10/03)	
City & State		City & State Zip Country			4. FEI Number 59-3378	551		Applied For Not Applicable	
ZIP	Zip Country		Country			f Status Desired	. U F	8.75 Additional ee Required	
	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
WAYBRANT, BETTY J 814 EAST KELLER COURT HERNANDO, FL 34442				Street Address (P.O. Box Number is Not Acceptable)					
			City				· · · · · · · · · · · · · · · · · · ·	Zip Code	
B. The above named entity submits this statement for the purpose of changing its rec					red agent, or both	, in the State of Flo	FL orida. I am fa		
_	ions of registered agent.			-					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable		•			DATE		
9. Capital Co as Shown		10. Amount of Ca in FLORIDA to		ibutions					
	A GENERAL PARTNER T NOTE: General Partners MA	Y NOT be changed or	ENTITY No.	NUST BE REGIST n; an amendmer	TERED AND AC	CTIVE WITH TH I to change a g	IS OFFICE eneral part	ner.	
12.	GENERAL PARTNEF	NFORMATION	13.			ADDRESS CH	ANGES ONLY	<u> </u>	
DOCUMENT # NAME	WAYBRANT, BETTY J		STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			ÇIT	Y-ST-ZIP	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DOCUMENT # NAME	WAYBRANT, STEVEN L TRUSTEE			REET ADDRESS			0069513		
STREET ADDRESS CITY-ST-ZIP	814 EAST KELLER COURT HERNANDO, FL 34442		CIT	Y-\$1-ZIP	02/28/04-80009-009 526.25				
DOCUMENT# NAME	WAYBRANT, GARY L TRUSTEE		STR	reet address					
STREET ADDRESS CITY-ST-ZIP	814 EAST KELLER COURT HERNANDO, FL 34442		GIT	Y-ST-ZIP					
DOCUMENT # NAME			STR	REET ADDRESS			·		
STREET ADDRESS CITY-ST-ZIP			Cit	Y-ST-ZIP					
DOCUMENT # NAME			STF	REET AODRESS					
STREET ADDRESS CITY - ST - ZIP			CIT	Y-ST-ZIP					
DOCUMÊNT # NAME			ST	REET ADDRESS					
STREET JOORESS CITY-ST-ZIP				Y-ST-ZIP			***		
14. I hereby indicated the receiv	certify that the information supplied with lon this report is true and accurate and ver or trustee employered to execute the	this filing does not qualify that my signature shall have seeport as required by Ci	y for the ext ave the san hapter 620,	emption stated in Se ne legal effect as if r , Florida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statutes. that I am a Gener	I further certi al Partner of t	fy that the information he limited partnership o	