


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

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001023</b>					
1. Entity Name THE BARROW FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6419 LATCHSTRING COURT MELROSE FL 32666			Mailing Address 6419 LATCHSTRING COURT MELROSE FL 32666		
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 59-3393398	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BARROW, MARK V 6419 LATCHSTRING COURT MELROSE FL 32666				7. Name and Address of New Registered Agent 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: \$952,298.00		10. Amount of Capital Contributions in FLORIDA to date: 164,819		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
	BARROW, MARK V TRUSTEE	6419 LATCHSTRING COURT	MELROSE FL 32666	CITY-ST-ZIP	
				UN00000097164	
				03/25/04-80028-008 526.25	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
	BARROW, MARY B	6419 LATCHSTRING COURT	MELROSE FL 32666	CITY-ST-ZIP	
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				CITY-ST-ZIP	
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				CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
				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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Mark V Barrow*

2/5/04

Date

352-445 539  
352-373 5611

Daytime Phone #