

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A96000001051</b> 1. Entity Name <b>SLOAN FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business 13392 N.W. 11TH AVENUE OXFORD, FL 34484			Mailing Address 13392 N.W. 11TH AVENUE OXFORD, FL 34484		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3407692</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SLOAN, JAMES L</b> <b>13392 N.W. 11TH AVENUE</b> <b>OXFORD, FL 34484</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. <b>\$760,480.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>557,199</b>		
11. <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SLOAN, JAMES L TRUSTEE 13392 N.W. 11TH AVENUE OXFORD, FL 34484		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SLOAN, ETHELMAE P TRUSTEE 13392 N.W. 11TH AVENUE OXFORD, FL 34484		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SLOAN, JAMES D 455 8TH AVENUE LABELLE, FL 33935		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HOMAN, LYNNE 1515 INDIANA AVENUE PALM HARBOR, FL 34683		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HIGEL, LEE ANNE 5210 RIVER PARK VILLAS DRIVE ST. AUGUSTINE, FL 32092		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			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					
<b>SIGNATURE:</b> <u>James L Sloan</u> <span style="float: right;">8-26-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

**FILED**

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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