


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001069	
1. Entity Name MO-AN OF FLORIDA LIMITED PARTNERSHIP	

Principal Place of Business 6000 MEADOWBROOK MALL SUITE 27 CLEMMONS, NC 27012	Mailing Address P.O. BOX 1670 CLEMMONS, NC 27012
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite Apt # etc
City & State	City & State
Zip	Country



04302004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-1979794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 NO. FRANKLIN ST., STE 2100 TAMPA, FL 33602	
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 \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 CITY- ST- ZIP	P96000054279 MO-AN OF TAMPA, INC. MEADOWBROOK MALL, SUITE 27 CLEMMONS, NC 27012	STREET ADDRESS	
		CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS	000000158962
		CITY- ST- ZIP	05/10/04-80011-017 141.25
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		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:  **Don G. Angell** **4/30/04** **336 766 5666 x22**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE