2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

FILED Mar 15, 2004 08:00 AM Secretary of State

DOCUMENT # A9600001296 1. Enlity Name THE GREGORY C. BRANCH FAMILY LIMITED PARTNERSHIP				Secreta	ary of State
Principal Place of Business 335 N.E. WATULA AVENUE 0CALA, FL 34470-5806 Mailing Address 335 N.E. WATULA AVENUE 0CALA, FL 34470-5806			A REPORT MAY BALL BALL BALL BALL		
Principal Place of Business 3. Mailing Address			T I		
Suite, Apt. #, etc.	t, #, etc. Suite, Apt. #, etc.		-	03102004 Chg-LP	CR2E003 (10/03)
City & State	City & State		4. FEI Number 59-3399791	Applied For Not Applicable	
Zip Country	Zip Country		ntry	5. Certificate of Status Desired	See Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
BRANCH, GREGORY C 335 N.E. WATULA AVENUE OCALA, FL 34470-5806			Street Address (P.O. Box Number is Not Acceptable)		
				<u> </u>	<u> </u>
			City		Zip Code
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s registere) ed office or register	ed agent, or both, in the State of Floric	
SIGNATURE					
Skyrature, typed or printed name of registered agent and title it applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions					DATE
as Shown on record. \$1,858,408.00 in FLORIDA to date. \$1,858,408					
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. DOCUMENT / P9600056853				. ADDRESS CHAN	GES ONLY
NAME BRANCH REAL ESTATE SERVICES, INC.		STRE	ET ADDRESS		
STREET ADDRESS 335 N.E. WATULA AVENUE CITY-ST-ZIP OCALA, FL 344705806		CITY-	-ST-ZIP		
DOCUMENT / NAME		STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	Çī		-ST-ZIP	U00000095674	
DOCUMENT #			ET ADDRESS	03/24/04-80044-005-526.25	
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP		
DOCUMENT # NAME		STRE	ET ADDRESS		
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DOCUMENT / NAME	·	STRE	et address		*
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DOCUMENT # NAME		STRE	ET ADDRESS		
STREET ADDRESS CITY-SI-ZIP	1	CHY:	-ST-ZIP)		
14. Thereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Desprine Proces #					