

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001340 1. Entity Name D. JOAN MCWILLIAMS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 517 N. HARBOR CITY BLVD #B MELBOURNE, FL 32935			Mailing Address 517 N. HARBOR CITY BLVD #B MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3392450				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 MCWILLIAMS, D. JOAN 517 HARBOR CITY BLVD #B MELBOURNE, FL 32935			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$350,000.00		10. Amount of Capital Contributions in FLORIDA to date. 281,003			
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		
NAME	MCWILLIAMS, D. JOAN		CITY-ST-ZIP		
STREET ADDRESS	517 N. HARBOR CITY BLVD #B				
CITY-ST-ZIP	MELBOURNE, FL 32935				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MCWILLIAMS, DAVID T		CITY-ST-ZIP		
STREET ADDRESS	517 N. HARBOR CITY BLVD #B				
CITY-ST-ZIP	MELBOURNE, FL 32935				
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NAME			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					
SIGNATURE:			DAVID T. McWilliams 3/8/04 321-255-5156		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



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