



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

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

DOCUMENT # A96000001341							
1. Entity Name DAVID T. 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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MCWILLIAMS, DAVID T 517 N. HARBOR CITY BLVD #B MELBOURNE, FL 32935			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. 154,853					
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 #	MCWILLIAMS, D. JOAN		STREET ADDRESS	U00000094758 03/24/04-00002-009 526.25			
NAME	517 N. HARBOR CITY BLVD #B		CITY-ST-ZIP				
STREET ADDRESS	MELBOURNE, FL 32935						
CITY-ST-ZIP							
DOCUMENT #	MCWILLIAMS, DAVID T		STREET ADDRESS				
NAME	517 N. HARBOR CITY BLVD #B		CITY-ST-ZIP				
STREET ADDRESS	MELBOURNE, FL 32935						
CITY-ST-ZIP							
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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: 		DAVID T. McWilliams		3/8/04 321-255-5152			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #			



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3392451 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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