


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001413		
1. Entity Name LEWIS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 1328 JENKS AVENUE PANAMA CITY, FL 32401	Mailing Address 1328 JENKS AVENUE PANAMA CITY, FL 32401
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03292004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3401342	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LEWIS, JAMES E 1328 JENKS AVENUE PANAMA CITY, FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$2,525,000.00	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
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LEWIS, JAMES E 1328 JENKS AVENUE PANAMA CITY, FL 32401	STREET ADDRESS CITY - ST - ZIP	U000000131452 04/27/04-80006-010 528.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LEWIS, LIDA N 1328 JENKS AVENUE PANAMA CITY, FL 32401	STREET ADDRESS CITY - ST - ZIP	
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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: 	JAMES E. LEWIS	4/15/04	800 769-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE