

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A9600001612

1. Entity Name

JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 PM 4:04

Principal Place of Business 610 BELLAIR ISLE AVE. BELLAIR BEACH FL 32784-3614	Mailing Address C/O GREG W. SCHMITTGENS 333 SOUTH KIRKWOOD ROAD, SUITE 300 ST. LOUIS MO 63122
---	--



MOORE CR2E003 (11/03)

2. Principal Place of Business 2211 VALRICO FOREST DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VALRICO, FL	City & State	4. FEI Number 59-3407670	Applied For <input type="checkbox"/> Not Applicable
Zip 33594-3614	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
**ELLIOTT, JOHN C
610 BELLAIR ISLE AVE.
BELLAIR BEACH FL 32784-3614**

7. Name and Address of New Registered Agent

Name Elliott, John C.
Street Address (P.O. Box Number is Not Acceptable) 2211 VALRICO FOREST DR
City VALRICO FL 33594
City FL
Zip Code 33594

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 *John C Elliott* DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,970,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,970,000.**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	ELLIOTT, JOHN C
NAME	610 BELLAIR ISLE AVE
STREET ADDRESS	BELLAIR BEACH FL 33786-3614
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2211 VALRICO FOREST DR
CITY-ST-ZIP	VALRICO, FL 33594
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600031187536
CITY-ST-ZIP	03/25/04--01032--006 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *John C Elliott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE