


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

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**


DOCUMENT # A96000001926
1. Entity Name
SNYDER FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
**4390 S.W. THISTLE TERRACE
PALM CITY FL 34990** **4390 S.W. THISTLE TERRACE
PALM CITY FL 34990**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State
Zip Country Zip Country


MOORE CR2E003 (11/03)
4. FEI Number Applied For
65-0691868 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SNYDER, RICHARD H
4390 S.W. THISTLE TERRACE
PALM CITY FL 34990**

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

9. Capital Contributions as Shown on record \$950,000.00 10. Amount of Capital Contributions in FLORIDA to date 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. *9526.25*
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. *26.1167*

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PASKO, PATRICIA J	STREET ADDRESS	
NAME	6594 S TWP RD 17	CITY - ST - ZIP	
STREET ADDRESS	TIFFIN OH 44883		
CITY - ST - ZIP			000000158314
DOCUMENT #	SNYDER, RICHARD H	STREET ADDRESS	05/07/04-80017-008 526.25
NAME	4390 S.W. THISTLE TERRACE	CITY - ST - ZIP	
STREET ADDRESS	PALM CITY FL 34990		
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: *Richard H. Snyder Gen'l Partner 4/28/04* 772-286-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #