


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

DOCUMENT # A96000001956 1. Entity Name S.D. AND IDA AVERETT FAMILY LIMITED PARTNERSHIP	
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FILED

04 JAN 30 PM 2:26

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 1758 CLAREDON AVENUE LAKELAND FL 33803	Mailing Address 1758 CLAREDON AVENUE LAKELAND FL 33803
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	5. Certificate of Status Desired <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3410392	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LANGSTON, SCOTT H 117 SOUTH FLORIDA AVENUE LAKELAND FL 33801	7. Name and Address of New Registered Agent 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 *Ida M. Averett* DATE 1-26-04

9. Capital Contributions as Shown on record.	\$421,000.00	10. Amount of Capital Contributions in FLORIDA to date.	\$ 526.25	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP AVERETT, SANFORD D JR 1758 CLAREDON AVENUE LAKELAND FL 33803	STREET ADDRESS CITY-ST-ZIP 100027980711 01/30/04--01063--019 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP AVERETT, IDA M 1758 CLAREDON AVENUE LAKELAND FL 33803	STREET ADDRESS CITY-ST-ZIP
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*Part 1-26-04
 1177
 JH*

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: <u><i>Ida M. Averett</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<u>1-26-04</u> Date Daytime Phone #
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STAPLE CHECK HERE