

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

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002013</b>					
1. Entity Name THE F. ALAN SMITH FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 674 FRANKLYN AVENUE INDIALANTIC, FL 32903			Mailing Address 674 FRANKLYN AVENUE INDIALANTIC, FL 32903		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		02292004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0707472	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, F. ALAN 674 FRANKLYN AVENUE INDIALANTIC, FL 32903			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 date if applicable.</small>					
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SMITH, F. ALAN		CITY-ST-ZIP		
STREET ADDRESS	674 FRANKLYN AVENUE				
CITY-ST-ZIP	INDIALANTIC, FL 32903				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SMITH, CHRISTOPHER A				
STREET ADDRESS	674 FRANKLYN AVENUE				
CITY-ST-ZIP	INDIALANTIC, FL 32903				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(f), 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>F. Alan Smith</u>		3/1/04		321 728-8059	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	
F. ALAN SMITH					



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