

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

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002232

1. Entity Name

BATHEN FAMILY PARTNERSHIP, LTD.



Principal Place of Business

1956 COTSWOLD DRIVE
ORLANDO FL 32825

Mailing Address

1956 COTSWOLD DRIVE
ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3456064

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATHEN, ROBERT E
1956 COTSWOLD DRIVE
ORLANDO FL 32825

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

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

DATE

9. Capital Contributions
as Shown on record.

\$441,000.00

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.

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 BATHEN, ROBERT E
STREET ADDRESS 1956 COTSWOLD DRIVE
CITY - ST - ZIP ORLANDO FL 32825

STREET ADDRESS
CITY - ST - ZIP
000000157798
05/06/04-80042-014 535.00

DOCUMENT #
NAME BATHEN, EILEEN M
STREET ADDRESS 1956 COTSWOLD DRIVE
CITY - ST - ZIP ORLANDO FL 32825

STREET ADDRESS
CITY - ST - ZIP
000000156998
05/06/05-80001-014 535.00

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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)(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:

Robert E. Batten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/22/04

407-273-2150