

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

**DOCUMENT # A9600002258**  
1. Entity Name  
**CREWS FAMILY LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:40

Principal Place of Business      Mailing Address  
**900 CAMPBELL AVENUE  
LAKE WALES FL 33853**      **900 CAMPBELL AVENUE  
LAKE WALES FL 33853**



MOORE      CR2E003 (11/03)

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      Applied For  
**59-3415114**      Not Applicable  
5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MYERS, CORNEAL B  
130 E. CENTRAL AVENUE  
LAKE WALES FL 33853**

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      \$10,249,813.00      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	STREET ADDRESS	
	CREWS-LINTON, JAYNE S		<i>Same</i>
STREET ADDRESS	900 CAMPBELL AVENUE	CITY-ST-ZIP	<i>LAKE WALES, FL 33853</i>
CITY-ST-ZIP	LAKE WALES FL 33853		
DOCUMENT #	NAME	STREET ADDRESS	
	CREWS-LINTON, JAYNE S TRUSTEE		<i>P.O. Box 832 - Mt. LAKE</i>
STREET ADDRESS	900 CAMPBELL AVENUE	CITY-ST-ZIP	<i>LAKE WALES, FL 33859-0832</i>
CITY-ST-ZIP	LAKE WALES FL 33853		
DOCUMENT #	NAME	STREET ADDRESS	
	CREWS, SCOTT C TRUSTEE		<i>400031666064</i>
STREET ADDRESS	121 ROSEARDEN DR	CITY-ST-ZIP	<i>04/01/04--01014--002 **526.25</i>
CITY-ST-ZIP	ORLANDO FL 32803		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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: *Jayne S. Crews Linton*      3-1-04      863.676.8337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #