


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

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002279	
1. Entity Name B & D STEVENSON FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 3532 SE MONTGOMERY CIRCLE ARCADIA FL 34266	Mailing Address PO BOX 1011 ARCADIA FL 34265
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City	City & State City
Zip Country	Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent STEVENSON, BAYNE 3532 SE MONTGOMERY CIRCLE ARCADIA FL 34266	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,745,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P96000099958 B & D STEVENSON ENTERPRISES, INC. 4 WEST OAK STREET, SUITE E ARCADIA FL 33821	STREET ADDRESS CITY - ST - ZIP	1000000120801 04/20/04-80024-012 526.25
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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: *Bayne Stevenson* **Bayne Stevenson** *Apr 10, 2004* **863-491-8842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #