2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A96000002498

1. Entity Name
THE WILLIAMS FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
6071 MEDINAH LANE STUART, FL 34997	6071 MEDINAH LANE STUART, FL 34997

04122004 Chg-LP CR2E003 (10/03)

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
65-0718409
☐ 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
WHITE, CHARLES R. L ESQ 725 NORTH A1A, SUITE E-102 JUPITER, FL 33477	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
Agent must type or print name of registered agent and title if corporation

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	
$0.00	-0-	4/12/04

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	 WILLIAMS, RICHARD H 6071 MEDINAH LANE STUART, FL 34997	STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 WILLIAMS, MARLISE 6071 MEDINAH LANE STUART, FL 34997	STREET ADDRESS CITY-ST-ZIP	UB00001200341 04/20/04-80029-024 141.25
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: RICHARD H Williams 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #