


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

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000003</b>	
1. Entity Name <b>MALOOF FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>6671 - 13TH AVENUE NORTH ST. PETERSBURG, FL 33710</b>	Mailing Address <b>P.O. BOX 40621 ST. PETERSBURG, FL 33743</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3421452</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MALOOF, EDWARD K 10 PARADISE LN. TREASURE ISLAND, FL 33706</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. <b>\$80,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P00000000884	STREET ADDRESS	
NAME	E. K. MALOOF, INC.	CITY - ST - ZIP	
STREET ADDRESS	6671 - 13TH AVENUE NORTH		
CITY - ST - ZIP	ST. PETERSBURG, FL 33710		
DOCUMENT #		STREET ADDRESS	U000000104326
NAME		CITY - ST - ZIP	04/06/04-80005-010 526.25
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NAME		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)(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: 	Date <b>3/24/04</b>	Daytime Phone # <b>722 381 1234</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		