


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

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> A97000000103                                      |  |
| <b>1. Entity Name</b><br>1ST FLORIDA ACCEPTANCE LIMITED PARTNERSHIP |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>PO BOX 15707<br>WEST PALM BEACH FL 33416 | <b>Mailing Address</b><br>PO BOX 15707<br>WEST PALM BEACH FL 33416 |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Zip Country             | Zip Country             |

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>65-0724460 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>MERCURIO, JOHN F<br>1441 N. MILITARY TRAIL<br>WEST PALM BEACH FL 33409 |
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|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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.**

|   |             |
|---|-------------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable. | <b>DATE</b> |
|---|-------------|

|   |   |   |
|---|---|---|
| <b>9. Capital Contributions</b><br>as Shown on record. \$180,000.00 | <b>10. Amount of Capital Contributions</b><br>in FLORIDA to date. | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b><br>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.**

| <b>12. GENERAL PARTNER INFORMATION</b> |                                 | <b>13. ADDRESS CHANGES ONLY</b> |  |
|--|---------------------------------|---------------------------------|--|
| <b>DOCUMENT #</b>                      | <b>NAME</b>                     | <b>STREET ADDRESS</b>           |  |
| <b>STREET ADDRESS</b>                  | <b>1441 N. MILITARY TRAIL</b>   | <b>CITY - ST - ZIP</b>          |  |
| <b>CITY - ST - ZIP</b>                 | <b>WEST PALM BEACH FL 33409</b> |                                 |  |
| <b>DOCUMENT #</b>                      |                                 | <b>STREET ADDRESS</b>           |  |
| <b>STREET ADDRESS</b>                  |                                 | <b>CITY - ST - ZIP</b>          |  |
| <b>CITY - ST - ZIP</b>                 |                                 |                                 |  |
| <b>DOCUMENT #</b>                      |                                 | <b>STREET ADDRESS</b>           |  |
| <b>STREET ADDRESS</b>                  |                                 | <b>CITY - ST - ZIP</b>          |  |
| <b>CITY - ST - ZIP</b>                 |                                 |                                 |  |
| <b>DOCUMENT #</b>                      |                                 | <b>STREET ADDRESS</b>           |  |
| <b>STREET ADDRESS</b>                  |                                 | <b>CITY - ST - ZIP</b>          |  |
| <b>CITY - ST - ZIP</b>                 |                                 |                                 |  |
| <b>DOCUMENT #</b>                      |                                 | <b>STREET ADDRESS</b>           |  |
| <b>STREET ADDRESS</b>                  |                                 | <b>CITY - ST - ZIP</b>          |  |
| <b>CITY - ST - ZIP</b>                 |                                 |                                 |  |

**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:** JOHN F. MERCURIO GEN/PARTNER 3/23/04 561-683-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE