


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000233</b>					
1. Entity Name <b>EAGERTON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1528 BLAIR ROAD JACKSONVILLE, FL 32221</b>			Mailing Address <b>1528 BLAIR ROAD JACKSONVILLE, FL 32221</b>		
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 <b>59-3421544</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FAIRCHILD, RONALD D 1000 RIVERSIDE AVE., SUITE 500 JACKSONVILLE, FL 32204</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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$400.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>EAGERTON, HILDA J</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>1528 BLAIR ROAD</b>				
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32221</b>				
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CITY-ST-ZIP					
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: <i>Hilda J. Eagerton</i>			08/30/04 904-388-0761		
Hilda J. Eagerton, General Partner					

STAPLE CHECK HERE