

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000547	
1. Entity Name GRESHAM FAMILY PARTNERS, LTD.	



Principal Place of Business 1629 N.W. 24TH STREET GAINESVILLE, FL 32605	Mailing Address 1629 N.W. 24TH STREET GAINESVILLE, FL 32605
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02172004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3456542	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRESHAM, WILLIAM MARVIN 1629 N.W. 24TH STREET GAINESVILLE, FL 32605	
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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

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
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9. Capital Contributions as Shown on record. \$200,000.00	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 #	NAME	STREET ADDRESS	
NAME	WILLIAM MARVIN GRESHAM, TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1629 N.W. 24TH STREET		
CITY-ST-ZIP	GAINESVILLE, FL 32605		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PEGGY WRAY GRESHAM, TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1629 N.W. 24TH STREET		
CITY-ST-ZIP	GAINESVILLE, FL 32605		
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STREET ADDRESS			
CITY-ST-ZIP			

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03/15/04-80001-005 526.25

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>Wm Gresham</i>	Date: <i>2/26/04</i>
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STAPLE CHECK HERE