


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

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000569	
1. Entity Name DALE A. SUTTHOFF FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 901 BROWARD AVENUE ORANGE CITY FL 32763	Mailing Address 901 BROWARD AVENUE ORANGE CITY FL 32763
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3437183	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

SUTTHOFF, DALE A 901 BROWARD AVENUE ORANGE CITY FL 32763

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. \$998,037.17	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	SUTTHOFF, DALE A	STREET ADDRESS	
NAME	901 BROWARD AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ORANGE CITY FL 32763		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000144883
NAME		CITY-ST-ZIP	05/03/04-80004-003 526.25
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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: <i>Dale A. Sutthoff</i>	Date: <i>4-1-04</i>	386-775-6706
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