


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A97000000659 1. Entity Name THE STANLEY AND JANET KANE FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 539 NORSOTA WAY SARASOTA, FL 34242	Mailing Address 539 NORSOTA WAY SARASOTA, FL 34242
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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



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0738656	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 KANE, STANLEY B 539 NORSOTA WAY SARASOTA, FL 34242	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 date if applicable

9. Capital Contributions as Shown on record. \$660,480.00	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 #		STREET ADDRESS	
NAME	KANE, STANLEY B	CITY-ST-ZIP	000000087318
STREET ADDRESS	539 NORSOTA WAY		03/15/04 00000 014 526.25
CITY-ST-ZIP	SARASOTA, FL 34242		
DOCUMENT #		STREET ADDRESS	
NAME	KANE, JANET H	CITY-ST-ZIP	
STREET ADDRESS	539 NORSOTA WAY		
CITY-ST-ZIP	SARASOTA, FL 34242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Stanley B Kane **Stanley B. Kane** **2/24/04** **941-906-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE