

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000768

1. Entity Name
STUMP FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**1199 BESSENT ROAD
 STARKE, FL 32091**

Mailing Address
**P.O. BOX 13445
 TALLAHASSEE, FL 32317-3446**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



01222004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMSON, W. FREDERICK 3375-G CAPITAL CIRCLE, NE TALLAHASSEE, FL 32317-3445		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,534,500.00	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 #	STUMP, LILLIAN	STREET ADDRESS	
NAME	1199 BESSENT ROAD	CITY-ST-ZIP	
STREET ADDRESS	STARKE, FL 32091		
CITY-ST-ZIP			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the 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 689, Florida Statutes.

SIGNATURE: *Lillian Stump* **2-20-04** **904-964-7806**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE