


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A97000001044	
1. Entity Name HOSTETTER FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573	Mailing Address % CHARLES T. HOSTETTER 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573
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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



01242004 Chg-LP CR2E003 (10/03)

4. FEL Number 59-7094063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HOSTETTER, CHARLES T 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 this if applicable

9. Capital Contributions as Shown on record. \$943,743.28	10. Amount of Capital Contributions in FLORIDA to date. 858,294	Amt. Due \$526.25
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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	
	HOSTETTER, CHARLELS T TRUSTEE		
STREET ADDRESS	1747 W. DEL WEBB BLVD	CITY-ST-ZIP	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
DOCUMENT #	NAME	STREET ADDRESS	
	HOSTETTER, ROBERT R		
STREET ADDRESS	300 BERNICE STREET	CITY-ST-ZIP	
CITY-ST-ZIP	ROME CITY, IN 46784		
DOCUMENT #	NAME	STREET ADDRESS	
	MARLOW, CAROL A		
STREET ADDRESS	3803 S.W. ORCHARD STREET	CITY-ST-ZIP	
CITY-ST-ZIP	SEATTLE, WA 98126		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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 820, Florida Statutes

SIGNATURE: <i>Carol A. Marlow</i>	2/29/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

STAPLE CHECK HERE