


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001132		
1. Entity Name TELLOR FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 6411 66TH AVENUE NORTH PINELLAS PARK, FL 33781	Mailing Address 4301 PARK BLVD. PINELLAS PARK, FL 33781
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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



08062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3446029		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 TELLOR, ELIZABETH M 6411 66TH AVENUE NORTH PINELLAS PARK, FL 33781		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,200,000.00	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 #	TELLOR, ELIZABETH	STREET ADDRESS	
NAME	6411 66TH AVENUE NORTH	CITY-ST-ZIP	
STREET ADDRESS	PINELLAS PARK, FL 33781		
CITY-ST-ZIP			
DOCUMENT #	TELLOR, PHYLLIS M	STREET ADDRESS	
NAME	6411 66TH AVENUE NORTH	CITY-ST-ZIP	
STREET ADDRESS	PINELLAS PARK, FL 33781		
CITY-ST-ZIP			
DOCUMENT #	P97000042498	STREET ADDRESS	
NAME	TELLOR ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	6411 66TH AVENUE NORTH		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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)(c), 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: Elizabeth M Tellor 8/20/04 727 544-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE