


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Jun 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000001255	
1. Entity Name ROBERT E. LANGFORD FAMILY LIMITED PARTNERSHIP	

Principal Place of Business C/O STEVEN H. KANE 557 N. WYMORE RD., STE. 100 MAITLAND, FL 32751	Mailing Address C/O STEVEN H. KANE 557 N. WYMORE RD., STE. 100 MAITLAND, FL 32751
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3450312	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	7. Name and Address of New Registered Agent
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**KANE, STEVEN H ESQ.
KANE AND KOLTUN, ATTORNEYS AT LAW
557 NO. WYMORE ROAD, STE. 100
MAITLAND, FL 32751**

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 title if applicable

9. Capital Contributions as Shown on record. \$3,403,908.00	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 #	P97000046423	STREET ADDRESS	
NAME	ROBERT E. LANGFORD CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 970		
CITY-ST-ZIP	WINTER PARK, FL 327900970		
DOCUMENT #		STREET ADDRESS	U00000162074
NAME		CITY-ST-ZIP	06/03/04-80007-011 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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)(f), 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: *Robert E. Langford* DATE: *5/25/04* DAYTIME PHONE #: *4076474117*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER