



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A97000001578		
1. Entity Name CAMPBELL FAMILY LIMITED PARTNERSHIP, LTD.		

Principal Place of Business 78 SEAGATE DRIVE NAPLES, FL 34103	Mailing Address BOX 413005 NAPLES, FL 34101-3005
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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

FILED
2004 AUG 16 PM 4:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



07202004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0781333	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	
CAMPBELL, J. DOUGLAS JR. 78 SEAGATE DRIVE NAPLES, FL 34103		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. \$990,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	CAMPBELL, J. DOUGLAS JR.	STREET ADDRESS	<i>Please use mailing address</i>
NAME	78 SEAGATE DRIVE	CITY-ST-ZIP	<i>PO Box 413005</i>
STREET ADDRESS	NAPLES, FL 34103	STREET ADDRESS	<i>Naples FL 34101</i>
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	700040744187
NAME		CITY-ST-ZIP	09/01/04--01077--008 **526.25
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 620, Florida Statutes

SIGNATURE: *J D Campbell Jr* *GP* *8/15/04* *863* *2923005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

J D Campbell Jr