


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001625</b>					
1. Entity Name <b>APRIL FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>8300 TYNDALE COVE AUSTIN TX 78733</b>			Mailing Address <b>8300 TYNDALE COVE AUSTIN TX 78733</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0787852</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PAYNE, L. HOWARD ESQ. 720 SOUTH ORANGE AVENUE SARASOTA FL 34236</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		<b>\$6,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>3,568,388.75</b>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SUSAN APRIL, CO-TRUSTEE OF JOHN J. APRIL		CITY-ST-ZIP		
STREET ADDRESS	8300 TYNDALE COVE				
CITY-ST-ZIP	AUSTIN TX 78733				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NANCY APRIL, CO-TRUSTEE OF JOHN J. APRIL		CITY-ST-ZIP		
STREET ADDRESS	377 SAHLER MILL ROAD				
CITY-ST-ZIP	OLIVE BIDGE NY 12461				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: <i>Susan A April</i> <b>SUSAN A APRIL</b> 1-27-04 468-7998					
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