


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

**FILED  
Feb 06, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A97000001781</b>					
1. Entity Name MORAR FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2706 ORLANDO DRIVE SANFORD, FL 32773-5312		Mailing Address 2706 ORLANDO DRIVE SANFORD, FL 32773-5312			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3468922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANE, STEVEN H ESQ. 1061 MAITLAND CENTER COMMONS, STE. 106 MAITLAND, FL 32751			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$974,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000063296		STREET ADDRESS		
NAME	BSM PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2706 ORLANDO DRIVE				
CITY-ST-ZIP	SANFORD, FL 327735312				
DOCUMENT #			STREET ADDRESS	000000070787	
NAME			CITY-ST-ZIP	02/28/04-80033-014 526 25	
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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>Steven H Kane</i>			Date: <i>2/4/2004</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		



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