


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

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001932</b>	
1. Entity Name <b>MADDEN FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>450 N. CENTRAL AVE. APT. A MAITLAND, FL 32751</b>	Mailing Address <b>P.O. BOX 254 WINTER PARK, FL 32790</b>
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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



03202004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MADDEN, GEORGE 450 N. CENTRAL AVE. APT. A MAITLAND, FL 32751</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>—</b>
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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 #		STREET ADDRESS	
NAME	<b>MADDEN, DONALD J</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>424 E. SCHROON RIVER ROAD</b>		
CITY-ST-ZIP	<b>DIAMOND POINT, NY 12824</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>MADDEN, GEORGE</b>	CITY-ST-ZIP	<b>04/06/04-80004-003 141.25</b>
STREET ADDRESS	<b>450 N. CENTRAL AVE.</b>		
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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)(b), 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:** *Donald J. Madden* **20 MAR 2004** **407-622-2136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE