


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002120					
1. Entity Name THE CONRAD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3845 EDDIE DRIVE MULBERRY, FL 33860		Mailing Address 3845 EDDIE DRIVE MULBERRY, FL 33860			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04092004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONRAD, RAYMOND E 2620 KEYSVILLE ROAD EAST PLANT CITY, FL 33567				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. \$1,000,369.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	RAYMOND E. CONRAD, TRUSTEE		STREET ADDRESS	100000120863 04/20/04-88025-021 526.25	
NAME	3845 EDDIE DRIVE		CITY - ST - ZIP		
STREET ADDRESS	MULBERRY, FL 33860				
CITY - ST - ZIP					
DOCUMENT #	PATRICIA A. CONRAD, TRUSTEE		STREET ADDRESS		
NAME	3845 EDDIE DRIVE		CITY - ST - ZIP		
STREET ADDRESS	MULBERRY, FL 33860				
CITY - ST - ZIP					
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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>Raymond E Conrad</i>			4-12-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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