


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002624		
1. Entity Name RUTHVEN FAMILY LIMITED PARTNERSHIP NUMBER ONE		

Principal Place of Business 41 LAKE MORTON DRIVE LAKELAND, FL 33801	Mailing Address P.O. BOX 2420 LAKELAND, FL 33806
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
02232004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3481806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RUTHVEN, JOE P 41 LAKE MORTON DRIVE LAKELAND, FL 33801	

7. Name and Address of New Registered Agent	
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 \$148,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000102386	STREET ADDRESS	U000000114866
NAME	RUTHVEN GP ONE, INC.	CITY - ST - ZIP	04/16/04-80001-010 526.25
STREET ADDRESS	41 LAKE MORTON DRIVE		
CITY - ST - ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		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 19.07(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: Joe P Ruthven, President, Ruthven GP One Inc	863-686-3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE