


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002950					
1. Entity Name PRITCHETT EVANS PARTNERSHIP, LTD.					
Principal Place of Business 6601 BAYSHORE ROAD NORTH FORT MYERS, FL 33918			Mailing Address 6601 BAYSHORE ROAD NORTH FORT MYERS, FL 33918		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0808458	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRITCHETT, RICHARD H III 6601 BAYSHORE ROAD NORTH FORT MYERS, FL 33918			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, \$468,000.00		10. Amount of Capital Contributions in FLORIDA to date, 468,000.00			
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 #	PRITCHETT, RICHARD III		STREET ADDRESS	000000087399 03/15/04-80008-020 526.25	
NAME	6601 BAYSHORE ROAD		CITY-ST-ZIP		
STREET ADDRESS	NORTH FORT MYERS, FL 33918				
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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 Section 605.05, Florida Statutes.					
SIGNATURE: 			2/6/04		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

