


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000153	
1. Entity Name THE BOLLEY FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1513 STATE ROAD 559 POLK CITY FL 33868	Mailing Address 1513 STATE ROAD 559 POLK CITY FL 33868
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3484532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLLEY, HENRY S 1513 STATE ROAD 559 POLK CITY FL 33868	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 Signature typed or printed name of registered agent and title if applicable.	DATE
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9. Capital Contributions as Shown on record.	\$1,122,901.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	BOLLEY, HENRY S	CITY - ST - ZIP	
STREET ADDRESS	1513 STATE ROAD 559		
CITY - ST - ZIP	POLK CITY FL 33868		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BOLLEY, IRMA S	CITY - ST - ZIP	
STREET ADDRESS	1513 STATE ROAD 559		
CITY - ST - ZIP	POLK CITY FL 33868		
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CITY - ST - ZIP			

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05/07/04-80029-005 526.25

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: 	NAME: HENRY S. BOLLEY	DATE: 4-22-04	Daytime Phone #
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