


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -9 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000365	
1. Entity Name R & D DEFERRARI FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 305 ORANGE STREET OZONA, FL 34660	Mailing Address P.O. BOX 6688 OZONA, FL 34660
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2. Principal Place of Business 108 HARBOR DRIVE Suite, Apt. #, etc.	3. Mailing Address 108 HARBOR DRIVE Suite, Apt. #, etc.
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City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34683	Country USA

03292004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-7115733	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 GILBERT, BETSY 305 ORANGE STREET PALM HARBOR, FL 34683	7. Name and Address of New Registered Agent Name: DIANA DEFERRARI Street Address (P.O. Box Number is Not Acceptable): 108 HARBOR DR City: PALM HARBOR FL Zip Code: 34683
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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: <i>Diana Deferrari</i> DATE: 3/31/04

9. Capital Contributions as Shown on record. \$819,200.00	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 #	P98000012345	STREET ADDRESS	108 HARBOR DRIVE
NAME	R & D DEFERRARI MANAGEMENT, INC.	CITY-ST-ZIP	PALM HARBOR, FL 34683
STREET ADDRESS	305 ORANGE STREET		
CITY-ST-ZIP	OZONA, FL 34660		
DOCUMENT #		STREET ADDRESS	500033181235
NAME		CITY-ST-ZIP	04/20/04--01070--015 **526.25
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NAME		CITY-ST-ZIP	
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)(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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
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SIGNATURE: <i>Diana Deferrari</i>	3/31/04	727-787-1107
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE