


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000369	
1. Entity Name THE LANGFITT FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 215 LIVE OAK ROAD VERO BEACH FL 32963	Mailing Address 215 LIVE OAK ROAD VERO BEACH FL 32963
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	City & State	City & State
Zip	Country	Zip	Country



MOORE CR2E003 (4/04)

4. FEI Number 65-0795721		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LANGFITT, DAVID R SR 215 LIVE OAK ROAD VERO BEACH FL 32963		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. **\$2,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.

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	LANGFITT, DAVID R SR	CITY-ST-ZIP	
STREET ADDRESS	215 LIVE OAK ROAD		
CITY-ST-ZIP	VERO BEACH FL 32963		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LANGFITT, LAVERNE E	CITY-ST-ZIP	
STREET ADDRESS	215 LIVE OAK ROAD		
CITY-ST-ZIP	VERO BEACH FL 32963		
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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: David R. Langfitt Sr General Partner 7-28-04 772-563-044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #