



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000572 1. Entity Name SEVER FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617			Mailing Address 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite Apt # etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent SEVER, RAYMOND J 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-3501818	
SIGNATURE <small>Signature: typed or printed name of registered agent and title if applicable.</small>				Applied For Not Applicable	
9. Capital Contributions as Shown on record \$700,000.00				10. Amount of Capital Contributions in FLORIDA to date.	
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 CITY - ST - ZIP	SEVER, RAYMOND J 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617		STREET ADDRESS CITY - ST - ZIP	11000000159994 05/13/04-80003-024 526.25	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	DUWELIUS, JANET LYN 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617		STREET ADDRESS CITY - ST - ZIP		
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> RAYMOND J. SEVER - GENERAL PARTNER			Date 4/29/04 (813) 988-2990		

STAPLE CHECK HERE