


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001224 1. Entity Name LLOYD PROPERTIES, LTD.		
---	--	---

Principal Place of Business 200 S. INDIAN RIVER DRIVE SUITE 301 FORT PIERCE, FL 34950	Mailing Address 200 S. INDIAN RIVER DRIVE SUITE 301 FORT PIERCE, FL 34950
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



01292004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0848810	<input type="checkbox"/> 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 LLOYD, VINCENT A 200 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
--	---

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. \$2,465,288.00	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 #		STREET ADDRESS	
NAME	LLOYD, VINCENT A	CITY - ST - ZIP	
STREET ADDRESS	1109 FERNANDINA STREET		
CITY - ST - ZIP	FORT PIERCE, FL 34949		
DOCUMENT #		STREET ADDRESS	
NAME	LLOYD, IAN T	CITY - ST - ZIP	
STREET ADDRESS	1109 FERNANDINA STREET		
CITY - ST - ZIP	FORT PIERCE, FL 34949		
DOCUMENT #		STREET ADDRESS	
NAME	LLOYD, COLIN V	CITY - ST - ZIP	
STREET ADDRESS	1109 FERNANDINA STREET		
CITY - ST - ZIP	FORT PIERCE, FL 34949		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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)(b), 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: U R J **32404** **772-466-6120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE