


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

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001242 1. Entity Name THE PAPY LIMITED PARTNERSHIP					
Principal Place of Business 815 EISENHOWER KEY WEST FL 33040			Mailing Address 815 EISENHOWER KEY WEST FL 33040		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0839475	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAPY, BERNIE C III 815 EISENHOWER KEY WEST FL 33040				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$400,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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	PAPY, MARILYN MALPAS		CITY - ST - ZIP		
STREET ADDRESS	815 EISENHOWER				
CITY - ST - ZIP	KEY WEST FL 33040				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PAPY, BERNIE C III		CITY - ST - ZIP		
STREET ADDRESS	815 EISENHOWER				
CITY - ST - ZIP	KEY WEST FL 33040				
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Bernie Papy</i> Bernie Papy <i>2/4/04</i> 305-292-8437					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE