


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

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

DOCUMENT # A98000001583 1. Entity Name THE BECK FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 112 ISLAND DRIVE SOUTH OCEAN RIDGE FL 33435	Mailing Address 112 ISLAND DRIVE SOUTH OCEAN RIDGE FL 33435
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2. Principal Place of Business Suite, Apt #, etc City & State Zip	3. Mailing Address Suite, Apt #, etc City & State Zip
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MOORE CR2E003 (11/03)

4. FEI Number 65-0846110	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 FORBES, PHILIP H % BUTZEL LONG 1200 NORTH FEDERAL HIGHWAY, #411 BOCA RATON FL 33432

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. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	BECK, GEORGE T TRUSTEE	STREET ADDRESS	
NAME	112 ISLAND DRIVE SOUTH	CITY-ST-ZIP	
STREET ADDRESS	OCEAN RIDGE FL 33435		
CITY-ST-ZIP			
DOCUMENT #	BECK, JOAN M TRUSTEE	STREET ADDRESS	
NAME	112 ISLAND DRIVE SOUTH	CITY-ST-ZIP	
STREET ADDRESS	OCEAN RIDGE FL 33435		
CITY-ST-ZIP			
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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: George T. Beck **2/5/04** **561 738-9426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE