


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A98000001701		
1. Entity Name REFLECTIONS OF TAMPA LTD.		

Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY, FL 32669	Mailing Address 20721 S.W. 46TH AVE. NEWBERRY, FL 32669
---	---

2. Principal Place of Business 20725 SW 46th Ave Suite, Apt. #, etc.	3. Mailing Address 20725 SW 46th Ave Suite, Apt. #, etc.
--	--

City & State Newberry FL	City & State Newberry FL
Zip 32669	Zip 32669
Country US	Country US

07152004 Chg-LP CR2E003 (10/03) 7/19

4. FEI Number 62-1749610	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669	
--	--

7. Name and Address of New Registered Agent Name: Stefan M. Davis Street Address (P.O. Box Number is Not Acceptable): 20725 SW 46th Ave. City: Newberry FL Zip Code: 32669	
---	--

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: Stefan M. Davis DATE: 7/19/04

9. Capital Contributions as Shown on record: \$100.00	10. Amount of Capital Contributions in FLORIDA to date: \$550.00
---	--

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 #	G72943	STREET ADDRESS	
NAME	EARTHART, INCORPORATED	CITY-ST-ZIP	
STREET ADDRESS	20725 SW 46TH AVE		
CITY-ST-ZIP	NEWBERRY, FL 32669		
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			
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)(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: Stefan M. Davis DATE: 7/19/04 (352) 472-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE