


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 16 PM 4:30

TALLAHASSEE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001888			
1. Entity Name RYDBERG FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 100 LAUREL COURT PONTE VEDRA BEACH, FL 32082		Mailing Address 100 LAUREL COURT PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Country	Zip	Country	Zip
4. FEI Number 50-2487460 59-3528012		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N. LAURA ST., SUITE 2750 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100034511261 04/29/04--01005--007 **526.25 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. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 185,368	
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 #	P98000066885	STREET ADDRESS	
NAME	RYDBERG ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	100 LAUREL COURT		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
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: <i>Harry B. Rydberg</i>		Date: 4/12/04	Daytime Phone #: (904) 380-8506

STAPLE CHECK HERE