



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 26 AM 9:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000001970 1. Entity Name DOVERSPIKE FAMILY, LTD.	
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Principal Place of Business 10675 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436	Mailing Address 10675 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

01202004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent BELSON, STEVEN A 2000 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name <u>Steven A. Belson</u> Street Address (P.O. Box Number is Not Acceptable) <u>2500 North Military Trail, Suite 465</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>
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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. \$4,291,249.16	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	P98000091250	STREET ADDRESS	700036287197
NAME	DOVERSPIKE CORPORATION	CITY-ST-ZIP	05/14/04--01007--009 **526.25
STREET ADDRESS	10675 QUAIL COVEY ROAD		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		

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.

Doverspike Corporation, General Partner.

SIGNATURE: Eleanor M. Doverspike 4/23/04 904-738-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

BY: Eleanor M. Doverspike, President

STAPLE CHECK HERE