

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.				
Principal Place of Business 10675 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436		Mailing Address 10675 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0879530
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
BELSON, STEVEN A 2000 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431		Name Steven A. Belson Street Address (P.O. Box Number is Not Acceptable) 2500 North Military Trail, Suite 465 City Boca Raton FL Zip Code 33431		
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. \$4,291,249.16		10. Amount of Capital Contributions in FLORIDA to date.		



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0879530 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 4/23/04 561-738-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

BY: Eleanor M. Doverspike, President