2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000002884

1. Entity Name
GUYTON FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
ATTN: EVELYN S. GUYTON 5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	ATTN: EVELYN S. GUYTON 5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #. etc.	Suite, Apt #. etc.	03142004 Chg-LP CR2E003 (10/03)
City & State	City & State	**4.** FEI Number: 59-3554282 — Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMASTER, JAMES D.
5255 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32941

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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

9. Capital Contributions as Shown on record.	**$2,500,000.00**	10. Amount of Capital Contributions in FLORIDA to date.	

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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000023757 GUYTON FAMILY ENTERPRISES, INC. 5255 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952	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: _E S Guyton_ 5/27/04   321 452-8597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #