


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002926	
1. Entity Name SAN RAFAEL PARTNERS, LTD.	

Principal Place of Business 4944 SAN RAFAEL TAMPA, FL 33629	Mailing Address 4944 SAN RAFAEL TAMPA, FL 33629
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2. Principal Place of Business 4943 San Rafael	3. Mailing Address 4943 San Rafael
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3551352	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, JERRY L 4944 SAN RAFAEL 4943 San Rafael TAMPA, FL 33629	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$5,000,000.00	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 #		STREET ADDRESS	4943 San Rafael
NAME	WILLIAMS, JERRY L	CITY - ST - ZIP	
STREET ADDRESS	4944 SAN RAFAEL		
CITY - ST - ZIP	TAMPA, FL 33629		
DOCUMENT #		STREET ADDRESS	4943 San Rafael
NAME	WILLIAMS, JANE J	CITY - ST - ZIP	
STREET ADDRESS	4944 SAN RAFAEL		
CITY - ST - ZIP	TAMPA, FL 33629		
DOCUMENT #		STREET ADDRESS	000036063990
NAME		CITY - ST - ZIP	05/11/04--01071--017 **526.25
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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: Jerry Williams GP Date: 4-16-04 Daytime Phone #: 813-286-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerry Williams GP

STAPLE CHECK HERE