


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000516	
1. Entity Name CLYDE FLP, LTD.	

Principal Place of Business 5401 HANGAR COURT TAMPA, FL 33634	Mailing Address 5401 HANGAR COURT TAMPA, FL 33634
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3567318	Applied For <input type="checkbox"/> 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
FRANZBLAU, ROBERT M 5401 HANGAR COURT TAMPA, FL 33634

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

9. Capital Contributions as Shown on record. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 280,700	\$ 526.25
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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 #	FRANZBLAU, CHARLES A	STREET ADDRESS	
NAME	5401 HANGAR COURT	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33634		
CITY-ST-ZIP			
DOCUMENT #	DORR, ALIX F	STREET ADDRESS	UN70000069324
NAME	5401 HANGAR COURT	CITY-ST-ZIP	02/28/04-80005-004 526.25
STREET ADDRESS	TAMPA, FL 33634		
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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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 820, Florida Statutes

SIGNATURE: *Charles A. Franzblau* **Date** 02/28/04 **Daytime Phone #** (813) 884-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE