


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

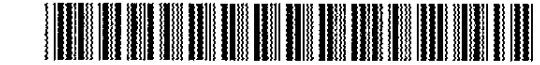
**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000000871	
1. Entity Name THE BISHOP CAPITAL MANAGEMENT LIMITED PARTNERSHIP	

Principal Place of Business 1601 FORUM PLACE SUITE 801 WEST PALM BEACH, FL 33401	Mailing Address 1601 FORUM PLACE SUITE 801 WEST PALM BEACH, FL 33401
---	---

2. Principal Place of Business Suite Apt. #, etc.	3. Mailing Address Suite Apt. #, etc.
--	--

City & State	City & State
Zip Country	Zip Country



03082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0957497	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent THOMAS, DAVID J CPA 1601 FORUM PLACE, SUITE 801 WEST PALM BEACH, FL 33401
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
--	------------

9. Capital Contributions as Shown on record. \$5,000,000.00	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 #	P99000045338	STREET ADDRESS	
NAME	BISHOP CAPITAL MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1601 FORUM PLACE		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U00000111579  
04/13/04-80025-004 526.25

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: <u>William S Bishop</u>	WILLIAM S BISHOP	4-1-04	760 564 3733
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE