


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000909</b>			
<b>1. Entity Name</b> DALE AND PATRICIA HIGINBOTHAM FAMILY LIMITED PARTNERSHIP			
<b>Principal Place of Business</b> 110 WILLOW AVENUE ANNA MARIA FL 34216		<b>Mailing Address</b> P.O. BOX 4143 ANNA MARIA FL 34216	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  HIGINBOTHAM, PATRICIA A 110 WILLOW AVENUE ANNA MARIA FL 34216		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. Capital Contributions</b> as Shown on record. \$1,980,000.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P99000049189	STREET ADDRESS	
NAME	D & P HIGINBOTHAM INVESTMENTS, INC.	CITY-ST-ZIP	U00000102124
STREET ADDRESS	110 WILLOW AVENUE		04/05/04-90002-009 526.25
CITY-ST-ZIP	ANNA MARIA FL 34216	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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CITY-ST-ZIP		STREET ADDRESS	



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 65-0928506	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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**

**SIGNATURE:** By D & P Higinbotham Investments, Inc.  
Holly D. Pascarella, V.P. 3/10/04 954-757-4442