

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

DOCUMENT # A99000001090					
1. Entity Name FETTY ENTERPRISES, LTD.					
Principal Place of Business 1010 AMERICAN EAGLE BLVD., SUN CITY CENTER FL 33573			Mailing Address 1010 AMERICAN EAGLE BLVD., SUN CITY CENTER FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3589142	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FETTY, LESTER E 3704 CARROLLBROOK ROAD TAMPA FL 33618 <i>1010 AMERICAN EAGLE BLVD. SUN CITY CENTER, Florida 33573</i>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. <i>777,000</i>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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	FETTY, LESTER E 1010 AMERICAN EAGLE BLVD., SUN CITY CENTER FL 33573		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FETTY, BETTY H 3704 CARROLLBROOK ROAD TAMPA FL 33618		STREET ADDRESS CITY-ST-ZIP	<i>1010 AMERICAN EAGLE BLVD. SUN CITY CENTER, FLA. 33573</i>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS 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: <i>Lester E. Fetty</i>			<i>1/26/04 1-813-634-1551</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

FILED

04 FEB -4 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

STAPLE CHECK HERE