


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

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001195		
1. Entity Name DOROTHY B. PETERSON ENTERPRISES, LTD.		

Principal Place of Business 10114 HAMPTON PLACE TAMPA FL 33618	Mailing Address 10114 HAMPTON PLACE TAMPA FL 33618
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2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3590132		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BANKER, DOROTHY P 10114 HAMPTON PLACE TAMPA FL 33618		7. Name and Address of New Registered Agent Name <u>Charlotte P. Carrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>1930 Bentivar Dr.</u> <u>Charlottesville Va 22911</u> City <u>FL</u> 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 Charlotte P. Carrell, General Partner DATE _____

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	BANKER, DOROTHY P	STREET ADDRESS	
NAME	10114 HAMPTON PLACE	CITY - ST - ZIP	
STREET ADDRESS	TAMPA FL 33618		
CITY - ST - ZIP			
DOCUMENT #	CARRELL, CHARLOTTE P	STREET ADDRESS	100000158473
NAME	1930 BENTIVAR DRIVE	CITY - ST - ZIP	05/07/04-80023-011 526.25
STREET ADDRESS	CHARLOTTESVILLE VA 22911		
CITY - ST - ZIP			
DOCUMENT #	LESENE, NORMA JEAN P	STREET ADDRESS	
NAME	607 LONG LEAF DRIVE	CITY - ST - ZIP	
STREET ADDRESS	CHAPEL HILL NC 27514		
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			

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: Charlotte P. Carrell Apr. 18, '04 434) 978-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE