


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

<b>DOCUMENT # A99000001468</b> 1. Entity Name <b>THE DANNAHOWER FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -2 PM 12: 08

Principal Place of Business <b>809 S INDIAN RIVER DRIVE FORT PIERCE FL 34950</b>	Mailing Address <b>809 S INDIAN RIVER DRIVE FORT PIERCE FL 34950</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0944744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DANNAHOWER, WILLIAM R 809 S INDIAN RIVER DRIVE FORT PIERCE FL 34950</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>34950</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>	10. Amount of Capital Contribution in FLORIDA to date. <b>\$4,000,000.00</b>	11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	P02000115280	STREET ADDRESS	
NAME	DANNAHOWER HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	809 S INDIAN RIVER DRIVE		
CITY-ST-ZIP	FORT PIERCE FL 34950		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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:  **1-30-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **William R. Danna, President**  
Date Daytime Phone #