

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 3:48

DOCUMENT # A99000001491 1. Entity Name FLORIDA I BLUE MIST LIMITED PARTNERSHIP	
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Principal Place of Business 3100 DURALEIGH RD. SUITE 200 RALEIGH, NC 27612	Mailing Address 3100 DURALEIGH RD. SUITE 200 RALEIGH, NC 27612
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country



02102004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-2156339	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 TURNER, SUSAN K 6033 34TH STREET W. #56 BRADENTON, FL 34205	
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$900.00	10. Amount of Capital Contributions in FLORIDA to date. 900.00	
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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 #	STOCKS, LEWIS H TRUSTEE	STREET ADDRESS	3100 Duraleigh Road, Suite 200
NAME	3100 DURALEIGH RD.	CITY-ST-ZIP	Raleigh, NC 27612
STREET ADDRESS	RALEIGH, NC 27612		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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 included 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:  Lewis H. Stocks, Trustee 2/16/04

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