

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



FILED

04 FEB -2 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

DOCUMENT # A99000001498			
1. Entity Name SEGOVIA VENTURES, LTD			
Principal Place of Business 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217		Mailing Address 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ANSBACHER, JORDAN 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State: 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. \$5,000.00	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 #	NAME	STREET ADDRESS	
	HELMING, DONNA		
STREET ADDRESS	3733 W. UNIVERSITY BLVD., STE 115A	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
	COHEN, MICHELE		
STREET ADDRESS	3733 W. UNIVERSITY BLVD., STE 115A	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
	ANSBACHER, BRIAN		
STREET ADDRESS	3733 W. UNIVERSITY BLVD., STE 115A	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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 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: *Donna Helming* *Donna Helming* *1/27/04* *(904) 733-1202*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #