


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

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000002023	
1. Entity Name G. & A. WRIGHT LIMITED PARTNERSHIP	

Principal Place of Business 901 NW 57TH STREET GAINESVILLE FL 32605	Mailing Address 1002 N.W. 41ST DRIVE GAINESVILLE FL 32605
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent BOVAY, JOHN C 901 NW 57TH STREET GAINESVILLE FL 32605	
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4. FEI Number 59-3613392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. \$9,025,988.00	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	
NAME	WRIGHT, GEORGE W TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	901 NW 57TH ST.		
CITY-ST-ZIP	GAINESVILLE 32 60505		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WRIGHT, ANN C TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	901 NW 57TH ST.		
CITY-ST-ZIP	GAINESVILLE FL 60505		
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CITY-ST-ZIP			

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03/15/04 00062 012 526.25

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: *George W. Wright* *Ann C. Wright* *Jan 23, 2004-352-3721957*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE