2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 09, 2004 08:00 AM Secretary of State

DOCUMENT # B0100000334 1. Entity Name E. F. TAYLOR LIMITED PARTNERSHIP, LTD.					Secretary of Stat			
Principal Place of Busin	ess	Mailing Address			1			
241 BRADLEY PLACE PALM BEACH, FL 334	180	241 BRADLEY PLA PALM BEACH, FL			6 TO BETTE SETTE OF		ii salii aalii aalaa iilaa iili kib	irkii ur issi
2. Principal Place of Bu	siness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.		01232004	Chg-LP	CR2E003 (10/03)	· 	
City & State		City & State		•	4. FEI Number 52-2071			plied For at Applicable
Zip	Country	Zip	Count	ry	5. Certificate o	f Status Desired	□ \$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CHAUNCEY, HAR 241 BRADLEY PL PALM BEACH, FL			Street Address		is Not Acceptable	a)		
				City			FL Zip Cod	e
8. The above named e		nt for the purpose of changin	ng Its registere	d office or regi <u>ste</u>	red agent, or both	, in the State of Fig		and accept
SIGNATURE						ž	=	e .
9. Capital Contribution	ped or printed name of registered a	gent and trile if eopticable. 10. Amount of C	Canital Contrib	utions	7	 	DATE	<u>*·</u>
as Shown on record	\$1,750.00	in FLORIDA	to date.					
NOT	A GENERAL PARTNE FE: General Partners	H THAT IS A BUSINESS MAY NOT be changed of	SENTITY MU on the form;	JST BE REGIS ; an amendme	TERED AND A	CTIVE WITH TH I to change a g	IIS OFFICE. eneral partner.	
12. GENERAL PARTNER INFORMATION						ADDRESS CH		
DOCUMENT # F01000005046			STREE	T ADDRESS				
STREET ADDRESS 241 BR	ADLEY PLACE ✔ BEACH, FL 33480		CITY-	ST-ZIP				
DOCUMENT # NAME			STREE	T ADDRESS				
STREET ADDRESS			CITY-	ST-ZIP				·····
DOCUMENT #	<u> </u>		STREE	T ADDRESS		- 00000 03/09/04	0082531 -80035-001 14	11.25
STREET ADDRESS GITY-ST-ZIP			CITY-	ST-ZIP				
DOCUMENT# NAME	····		STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
DOCUMENT # NAME			STREE	ET ADDRESS			, <u></u>	
STREET ADDRESS CITY-ST-ZIP			CITY-	SI-ZIP				
DOCUMENT # NAME CITAL ANDRESC			STREE	ET ADORESS			<u>, , , , , , , , , , , , , , , , , , , </u>	
STREET ADDRESS CITY-ST-ZIP			. [SI-ZIP				
14. I hereby certify that indicated on this retained the receiver or trus	waytor, Ir	with this filing does not quali and that my signature shall re this report as required by once, General	lify for the exer have the same Chapter 620, F Partn	nption stated in S legal effect as if Forida Statules Ler of F	:.F. Tay	lor Limi	I further certify that the is all Partner of the limited partner.	ersnip