


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

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # B94000000510 1. Entity Name THE DONALD E. GUNDERSON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 3553 BAYARD DRIVE CINCINNATI OH 45208	Mailing Address 3553 BAYARD DRIVE CINCINNATI OH 45208
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent MAINE, JEFF 400 NORTH ASHLEY, SUITE 2300 TAMPA FL 33602	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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. \$222,750.00	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	CITY-ST-ZIP
	GUNDERSON, DONALD E		
	3553 BAYARD DRIVE		
	CINCINNATI OH 45208		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GUNDERSON, MARY JEAN		
	3553 BAYARD DRIVE		
	CINCINNATI OH 45208		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

03/26/04-80003-023 526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Donald E Gunderson* **DONALD E GUNDERSON** 3/16/04 513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #