


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

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

DOCUMENT # B98000000723
1. Entity Name
MARILYN O. KURTZ FAMILY, L.P.



Principal Place of Business
**4948 NORTH WESTHAVEN DR.,
JACKSON MS 39209**

Mailing Address
**P.O. BOX 235
JACKSON MS 39205-0235**



MOORE CR2E003 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **64-0881724**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____

9. Capital Contributions as Shown on record. **\$95,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #		STREET ADDRESS	
NAME	KURTZ, MARILYN O	CITY-ST-ZIP	
STREET ADDRESS	4948 NORTH WESTHAVEN DR.		
CITY-ST-ZIP	JACKSON MS 39209		
DOCUMENT #		STREET ADDRESS	
NAME	KURTZ, FRANK PAUL	CITY-ST-ZIP	
STREET ADDRESS	2390 PARSONS ROAD		
CITY-ST-ZIP	RAYMOND MS 39154		
DOCUMENT #		STREET ADDRESS	
NAME	KURTZ, LAWRENCE A	CITY-ST-ZIP	
STREET ADDRESS	2388 PARSONS ROAD		
CITY-ST-ZIP	RAYMOND MS 39154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

00000070886
02/08/04 80037-002 526-25

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

SIGNATURE: Frank Paul Kurtz **FRANK PAUL KURTZ** 2-2-04 (601) 922-2651

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