


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 FEB 17 PM 12:47

DOCUMENT # A0000000409

1. Entity Name
 HOGAN HOLDINGS OF THE PALM BEACHES, LTD.




Principal Place of Business **200**
 1100 NORTHPOINT PKWY., STE. ~~100~~
 WEST PALM BEACH, FL 33407

Mailing Address **200**
 1100 NORTHPOINT PKWY., STE. ~~100~~
 WEST PALM BEACH, FL 33407

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1086019

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOGAN, PAUL **200**
 1100 NORTHPOINT PKWY., STE. ~~100~~
 WEST PALM BEACH, FL 33407

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. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	822520	STREET ADDRESS	
NAME	OVERSEAS SERVICE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1100 NORTHPOINT PKWY., STE. 100		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		
DOCUMENT #		STREET ADDRESS	300029805113
NAME		CITY-ST-ZIP	03/03/04--01032--024 **158.75
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STREET ADDRESS			
CITY-ST-ZIP			

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: _____ **2-11-04** **561-683-4090**

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