


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 10 PM 1:33

DOCUMENT # A02000000136

1. Entity Name
 THE DOZIER B. HILLIARD FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 4406 RIVERVIEW BLVD. WEST
 BRADENTON, FL 34209

Mailing Address
 4406 RIVERVIEW BLVD. WEST
 BRADENTON, FL 34209

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

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

City & State

Zip Country



01212004 Chg-LP CR2E003 (10/03)

4. FEI Number
~~APPLIED FOR~~ 90-0005496 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HILLIARD, DOZIER B
 4406 RIVERVIEW BLVD. WEST
 BRADENTON, FL 34209

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. **\$1,000,000.00**

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 #	P02000005012	STREET ADDRESS	
NAME	THE HILLIARD GROUP, INC.	CITY-ST-ZIP	000031587550 04/01/04--01007--004 **526.25
STREET ADDRESS	4406 RIVERVIEW BLVD. WEST		
CITY-ST-ZIP	BRADENTON, FL 34209		
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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 689, Florida Statutes.

SIGNATURE: *Dozier B. Hilliard* MARCH 6, 2004 (941) 746-4233

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