


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000136

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




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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
90-0005496 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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	4406 RIVERVIEW BLVD WEST 02/15/05-80023-008 526.25
STREET ADDRESS	4406 RIVERVIEW BLVD. WEST		
CITY-ST-ZIP	BRADENTON, FL 34209		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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: Dozier B Hilliard 1/10/05 (941) 746-4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE