## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A0200001495  1. Entity Name H C PARTNERS LLLP				
Principal Place of Business  4422 NORTH CHURCH STREET, UNIT H  TAMPA, FL 33614  TAMPA, FL 33614  TAMPA, FL 33614			STREET, UNIT H	SECRETARY OF STATE  SECRETARY OF STATE  TALE AHASSEE, FLORIDA
2. Principal Place of Business 3.		3. Mailing Address		I TENNEN HIN FRINK HAND BENN HENN HENN HENN HENN HIN HIN HAND HINDE HAN HAND HINDE HE GER
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252004 Chg-LP CR2E003 (10/03)
City & State		City & State		4. FEI Number
Zip		Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
MANLEY, JAMES F 4422 NORTH CHURCH STREET, UNIT H TAMPA, FL 33614			Street Addres	s (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				
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  \$0.00  10. Amount of Capital Contributions in FLORIDA to date.				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 #	MANLEY, JAMES F		STREET ADDRESS	
STREET ADDRESS 4422 NORTH CHURCH STREET, UNIT H		T, UNIT H	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33614			
NAME STREET ADDRESS			STREET ADDRESS  CITY-ST-ZIP	
CITY-ST-ZIP			1711-31-21F	
NAME		STREET ADDRESS	500037845895 	
STREET ADDRESS CITY-ST-ZIP_		<u>.                                  </u>	CITY-ST-ZIP	00/10/01/010/11/010/01/11/01
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME STREET ADDRESS			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP				
NAME   STREET ADDRESS		STREET ADORESS		
CITY-ST-ZIP			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: SIGNATURE: SIGNATURE AND TYPETOR PRINTED HAME OF SIGNING GENERAL PARTINER  Date  Date				