


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

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000918**

1. Entity Name  
 HWY 54 BUSINESS CENTER, LTD.



Principal Place of Business      Mailing Address  
 P.O. BOX 2640      P.O. BOX 2640  
 BRANDON, FL 33509      BRANDON, FL 33509

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



01062004      Chg-LP      CR2E003 (10/03)

4. FCI Number      Applied For  
 57-1175930      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

HUTCHCRAFT, WILLIAM A  
 505 E. JACKSON ST., STE. 102  
 TAMPA, FL 33602

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      \$10,000.00      10. Amount of Capital Contributions in FLORIDA to date.      158.75

**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 #                      | P96000067495         | STREET ADDRESS           |  |
| NAME                            | GATEWAY SQUARE, INC. | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | P.O. BOX 2640        |                          |  |
| CITY - ST - ZIP                 | BRANDON, FL 33509    |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            |                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                      |                          |  |
| CITY - ST - ZIP                 |                      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            |                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                      |                          |  |
| CITY - ST - ZIP                 |                      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            |                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                      |                          |  |
| CITY - ST - ZIP                 |                      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            |                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                      |                          |  |
| CITY - ST - ZIP                 |                      |                          |  |

1100000000445  
 01/08/04-60011-004 158.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: *William A. Hutchcraft*      1/6/04

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