


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
Apr 23, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A25498</b> 1. Entity Name GREENE CANFIELD DEGEORGE LTD.	
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Principal Place of Business 50 S. BELCHER RD STE. 117 CLEARWATER FL 33765	Mailing Address 50 S. BELCHER RD STE. 117 CLEARWATER FL 33765
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2844126	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HERSEM, THOMAS G., ESQ. 2905 WEST BAY DR. BELLEAIR BLUFFS FL 34640	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____
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9. Capital Contributions as Shown on record. \$160,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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
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DOCUMENT # P97000083956	STREET ADDRESS
NAME HOTEL BROKERS, INC.	CITY-ST-ZIP
STREET ADDRESS 50 S. BELCHER RD STE. 117	
CITY-ST-ZIP CLEARWATER FL 33765	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	U00000144901
CITY-ST-ZIP	05/03/04-80004-003 526.25

DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

STREET ADDRESS	
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

STAPLE CHECK HERE

SIGNATURE: 	Anthony R. De George	4/21/04	727-447-8383
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