
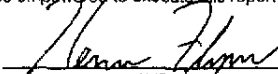


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A26416</b>							
1. Entity Name WILLOW POND, LTD.							
Principal Place of Business 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756			Mailing Address 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	01072004 Chg-LP CR2E003 (10/03)			
4. FEI Number 59-2889388				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FLYNN, THOMAS F. 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$500.00			10. Amount of Capital Contributions in FLORIDA to date.				
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	S08371		STREET ADDRESS				
NAME	WILLOW POND, INC. ✓		CITY-ST-ZIP				
STREET ADDRESS	516 LAKEVIEW RD., UNIT 8						
CITY-ST-ZIP	CLEARWATER, FL 33756						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
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NAME			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)(f), 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: 			As Vice-President of Corporate General Partner				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			1/16/04 727-449-1182 <small>Daytime Phone #</small>				

STAPLE CHECK HERE

