


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVAL
 AND
 FILED

04 MAY -6 PM 4:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A27146

1. Entity Name
 HARBOUR SQUARE ASSOCIATES LIMITED
 PARTNERSHIP



Principal Place of Business
 % 215 NORTH EOLA DRIVE
 ORLANDO, FL 32801

Mailing Address
 % 215 NORTH EOLA DRIVE
 ORLANDO, FL 32801

2. Principal Place of Business
 247 N. Westmonte Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 247 N. Westmonte Dr.
 Suite, Apt. #, etc.



02022004 Chg-LP CR2E003 (10/03)

City & State
 Altamonte Springs FL

City & State
 Altamonte Springs FL

Zip
 32714

Country

Zip
 32714

Country

4. FEI Number
 05-0441441

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FILDES, RICHARD J ESQ.
 % LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
 215 N. EOLA DRIVE
 ORLANDO, FL 32801

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. **\$490.00**

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	
DOCUMENT #	G46246
NAME	PICERNE DEVELOPMENT CORPORATION OF FLORIDA
STREET ADDRESS	247 N. WESTMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N. WESTMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300037564563
CITY-ST-ZIP	06/02/04--01008--001 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____