


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

**FILED  
Mar 17, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A28368</b>		
1. Entity Name HUGH CORRIGAN, III, FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 7150 20TH STREET, SUITE E VERO BEACH FL 32966	Mailing Address 7150 20TH STREET, SUITE E VERO BEACH FL 32966
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  HENDERSON, STEVE L 817 BEACHLAND BOULEVARD VERO BEACH FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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4. FEI Number 65-0164947	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. \$6,452,385.00	10. Amount of Capital Contributions in FLORIDA to date. \$6,452,385.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA 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	
DOCUMENT #	CORRIGAN, HUGH, III	STREET ADDRESS	
NAME	7150 - 20TH ST., STE E	CITY - ST - ZIP	
STREET ADDRESS	VERO BEACH FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

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03/25/04-80010-009 526.25

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Hugh Corrigan III 3-08-04 (432)682-2312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #