

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

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STATE OF FLORIDA  
TALLAHASSEE



<b>DOCUMENT # A29445</b>			
1. Entity Name THE HART FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801		Mailing Address 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2983158

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

6. Name and Address of Current Registered Agent MUNSON, PETER 500 S. FLA AVE SUITE 240 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$25,100.00  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HART, J. BRIGHAM	STREET ADDRESS	500 S. FLORIDA AVE. 4TH FLOOR
NAME	500 S. FLORIDA AVE. 4TH FLOOR	CITY - ST - ZIP	LAKELAND, FL 33801
STREET ADDRESS	K82947	STREET ADDRESS	
CITY - ST - ZIP	U CAN II, INC.	CITY - ST - ZIP	
DOCUMENT #	500 S. FLORIDA AVE. 4TH FLOOR	STREET ADDRESS	
NAME	LAKELAND, FL 33801	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: *John B. Hart* JOHN B. HART 7/12/04 863-284-1181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE