## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004-

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## STORETHAN UP STATE **DOCUMENT # A96000000367** DIVISION OF CORPORATIONS 1. Entity Name HOME DEVELOPMENT OF HUNTERS RUN LTD. 04 MAR -4 AM 11: 57 Principal Place of Business Mailing Address 15340 JOG ROAD #100 15340 JOG ROAD #100 DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 2. Principal Place of Business 3. Mailing Address 5.350 W. Atlantic Avc Suite Apt. #, etc. 5350 W.Atlantic Ave Guite Apt. #, etc. 01082004 CR2E003 (10/03) 100 100 City & State City & State 4. FEI Number Applied For 65-0672184 Delray Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORN, GARY A Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD., STE. #501 AVENTURA, FL 33180 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$600.00 in FLORIDA to date. as Shown on record. 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 filled to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P95000091562 DOCUMENT # STREET ADDRESS 5350 w. Atlantic Ave. suite 100 HOME DEVELOPMENT CORP. OF SOUTH FLORIDA! NAME STREET ADDRESS 15340 JOG ROAD #100 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33446 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 500030596105 <del>/17/04 01013 001 \*\*1</del>4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS . NAME : \_\_\_\_\_ socieda e la secon de la contra dela contra de la contra del la contra d STREET ADDRESS ٦, 🛴 f) 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute in report as required by Chapter 620, Florida Statutes SIGNATURE: w