

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB 25 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002709

1. Entity Name
HS LAND HOLDINGS, LTD.



Principal Place of Business
% W. KELLY SMITH
405 MELANIE WAY
MAITLAND, FL 32751

Mailing Address
% W. KELLY SMITH
405 MELANIE WAY
MAITLAND, FL 32751

2. Principal Place of Business
c/o W. Kelly Smith

3. Mailing Address
c/o W. Kelly Smith

Suite, Apt. #, etc.
255 S. Orange Ave., #800

Suite, Apt. #, etc.
P.O. Box 2254

02162004 Chg-LP CR2E003 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3499653

Applied For
Not Applicable

Zip
32801

Country
USA

Zip
32802-2254

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, KEVIN K
255 S. ORANGE AVENUE, SUITE 800
ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$3,969,428.00**

10. Amount of Capital Contributions
in FLORIDA to date. **3,884,652**

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 # **P97000063660**
NAME **HORSH, INC.**
STREET ADDRESS **255 S. ORANGE AVENUE, SUITE 800**
CITY-ST-ZIP **ORLANDO, FL 32801**

STREET ADDRESS

CITY-ST-ZIP

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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

HORSH, INC. as General Partner

SIGNATURE:

By: *W. Kelly Smith*

W. Kelly Smith, Secretary

2/16/04

407-843-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE