


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

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001046
1. Entity Name
HALLIWELL FAMILY, LTD.



Principal Place of Business Mailing Address
**615 NE THIRD AVE
FORT LAUDERDALE FL 33304** **615 NE THIRD AVE
FORT LAUDERDALE FL 33304**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent
**RUDOLF & HOFFMAN PA
615 NE THIRD AVE
FORT LAUDERDALE FL 33304**

4. FEI Number Applied For
65-0830023 Not Applicable

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

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 wife, if applicable.

9. Capital Contributions as Shown on record. \$865,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	HALLIWELL, WILLIAM H	STREET ADDRESS	
NAME	615 NE THIRD AVE	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE FL 33304		U00000070110
CITY-ST-ZIP			02/28/04 80018-005 528.25
DOCUMENT #	HALLIWELL, ANNE P	STREET ADDRESS	
NAME	615 NE THIRD AVE	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE FL 33304		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 or the receiver or trustee empowered to execute this form as required by Chapter 20, Florida Statutes

SIGNATURE: *William D. Halliwell* 6 Feb 2004 973/316-9286
Anne Halliwell Feb 9, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #