
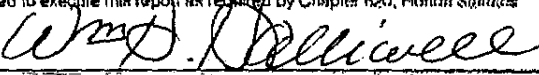


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001046			
1. Entity Name HALLIWELL FAMILY, LTD.			
Principal Place of Business 615 NE THIRD AVE FORT LAUDERDALE, FL 33304		Mailing Address 675 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
6. Name and Address of Current Registered Agent RUDOLF & HOFFMAN PA 615 NE THIRD AVE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
4. FEI Number 65-0830023			
Applied For Not Applicable			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$865,000.00		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 #	HALLIWELL, WILLIAM H	STREET ADDRESS	
NAME	615 NE THIRD AVE	CITY- ST- ZIP	
STREET ADDRESS	FORT LAUDERDALE, FL 33304		
CITY- ST- ZIP			
DOCUMENT #	HALLIWELL, ANNE P	STREET ADDRESS	
NAME	615 NE THIRD AVE	CITY- ST- ZIP	1100000363668
STREET ADDRESS	FORT LAUDERDALE, FL 33304		05/06/05-80008-013 526.25
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
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(8)(1), 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 823, Florida Statutes.			
SIGNATURE: 		Date: 21 April 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date City/State/Phone #	

STAPLE CHECK HERE