


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000031
 1. Entity Name
HGD ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
17149 ROYAL COVE WAY **17149 ROYAL COVE WAY**
BOCA RATON, FL 33496 **BOCA RATON, FL 33496**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



03212004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0881922 Not Applicable

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

6. Name and Address of Current Registered Agent
ENGELBERG, MORRIS
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD, FL 33021

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 date of application

9. Capital Contributions Shown on record. **\$1,000,098.00** 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 #	P98000097153	STREET ADDRESS	
NAME	HGD, INC.	CITY - ST - ZIP	
STREET ADDRESS	17149 ROYAL COVE WAY		
CITY - ST - ZIP	BOCA RATON, FL 33496		
DOCUMENT #		STREET ADDRESS	
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 05/07/04-96036-008 526.25

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: _____ **4/21/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE