



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000002075 1. Entity Name 2401 KENNEDY LIMITED					
Principal Place of Business 2515 SIMMS BLVD. TAMPA, FL 33609			Mailing Address 2515 SIMMS BLVD. TAMPA, FL 33609		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3610278	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HINES, JAMES P ESQUIRE 315 SO. HYDE PARK TAMPA, FL 33609				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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 683,573			
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 #	G99343900230		STREET ADDRESS		
NAME	2401 KENNEDY IRREVOCABLE TRUST		CITY-ST-ZIP		
STREET ADDRESS	2515 SIMMS BLVD.				
CITY-ST-ZIP	TAMPA, FL 33609				
DOCUMENT #			STREET ADDRESS	000000095703	
NAME			CITY-ST-ZIP	03/24/04-80045-009 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Anthony C. Martino</i> Anthony C. Martino 3/11/04 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<i>Corinne Martino</i> <small>DATE</small> 3/11/04 <small>DAYTIME PHONE #</small> 813-876-5151					

STAPLE CHECK HERE