

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000142

1. Entity Name
HOLLY RIDGE LIMITED PARTNERSHIP



FILED

2004 MAY 13 P 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3672304

Applied For
Not Applicable

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

**COSTOLO, W. TERRY ESQ.
301 E. PINE ST., STE 1400
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. **\$0.00**

10. Amount of Capital Contributions
in FLORIDA to date.

5,894,070

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 #	L00000000719	STREET ADDRESS	
NAME	PICERNE HOLLY RIDGE, LLC	CITY-ST-ZIP	
STREET ADDRESS	247 NORTH WESTMONTE DRIVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #		STREET ADDRESS	8000036278508
NAME		CITY-ST-ZIP	05/13/04--01075--022 **2276.25
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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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

Date

407-770-0200

Daytime Phone #

STAPLE CHECK HERE