


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000365					
1. Entity Name HEARTHSTONE PARTNERS, LTD.					
Principal Place of Business 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762			Mailing Address 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762		
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 MORRIS, GREGORY D 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762				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. \$1,000.00			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 #	P00000019997		STREET ADDRESS		
NAME	HEARTHSTONE PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	5401 WEST KENNEDY BLVD.				
CITY-ST-ZIP	TAMPA, FL 33623 ✓				
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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)(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: <i>Gregory D. Morris</i>			1/30/04 727.576.6424		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



01232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3712871 Applied For Not Applicable

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

MORRIS, GREGORY D
2325 ULMERTON RD
SUITE 20
CLEARWATER, FL 33762

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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