
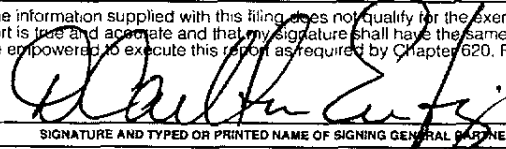


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A00000000696 1. Entity Name CAPITOL HILLTOP PARTNERSHIP, LTD.					
Principal Place of Business 625 EAST TENNESSEE STREET, SUITE 200 TALLAHASSEE, FL 32308			Mailing Address 625 EAST TENNESSEE STREET, SUITE 200 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3645625	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENFINGER, D. CARLTON 625 EAST TENNESSEE STREET, SUITE 200 TALLAHASSEE, FL 32308			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. \$600,000.00		10. Amount of Capital Contributions in FLORIDA to date 600,000.00			
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 #	NAME		STREET ADDRESS		
NAME	ENFINGER, D. CARLTON		CITY - ST - ZIP		
STREET ADDRESS	625 EAST TENNESSEE STREET, SUITE 200		CITY - ST - ZIP		
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY - ST - ZIP		
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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: 			D. CARLTON ENFINGER Date: 4-30-04 Daytime Phone #: 425-2828		

STAPLE CHECK HERE



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