

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:56

DOCUMENT # A00000001158

1. Entity Name
 HOLLINGSWORTH TRADING, L.P.



Principal Place of Business
 2090 BARTOW HIGHWAY
 LAKELAND, FL 33802

Mailing Address
 P.O. BOX 1614
 LAKELAND, FL 33802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3658073

Applied For

Not Applicable

Zip

Country

Zip

Country

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

APLIM, DAVID F
 2090 BARTOW HIGHWAY
 LAKELAND, FL 33802

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.

\$7,000,000.00

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 # P00000042973
 NAME HOLLINGSWORTH CAPITAL MANAGEMENT, INC.
 STREET ADDRESS 2090 BARTON HIGHWAY
 CITY-ST-ZIP LAKELAND, FL 33802

STREET ADDRESS

124 S. FLORIDA AVENUE SUITE 200
 LAKELAND FL 33803

CITY-ST-ZIP

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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

3/30/04 (813) 666-2654

Date

Daytime Phone #

STAPLE CHECK HERE