


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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
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2. Principal Place of Business - No P.O. Box # 2128 E. EDGEWOOD DR Suite, Apt. #, etc. SUITE 109	3. Mailing Address P.O. BOX 1614 Suite, Apt. #, etc.
City & State LAKE LAND FLORIDA	City & State LAKE LAND FLORIDA
Zip 33803	Country USA

FILED
 2007 APR 30 AM 10: 52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA




04132007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3658073	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
APLIN, DAVID F 2090 BARTOW HIGHWAY LAKELAND, FL 33802	

7. Name and Address of New Registered Agent	
Name APLIN, DAVID F	
Street Address (P.O. Box Number is Not Acceptable) 2128 E. EDGEWOOD DR	
Suite, Apt. #, etc. SUITE 109	
City LAKE LAND	Zip Code FL 33803

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 4/19/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 CITY - ST - ZIP	P00000042973 HOLLINGSWORTH CAPITAL MANAGEMENT, INC. 124 S. FLORIDA AVE., STE. 200 LAKELAND, FL 33803	STREET ADDRESS CITY - ST - ZIP	100101244501 05/02/07--01054--021 **500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

STAPLE CHECK HERE