



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A00000001286</b>						<div style="text-align: right;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  04 MAR -9 PM 1:54  </div>		4/03/04	
1. Entity Name HMH MILLENNIUM LIMITED PARTNERSHIP									
Principal Place of Business 9598 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437				Mailing Address 9598 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437					
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  HONIG, HERBERT 9598 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent Name <u>Honig, Marlene - Amendment</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code				Acceptance Enclosed	
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. <b>\$5,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date. <b>\$5,000.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>									
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY					
DOCUMENT #	<del>HONIG, HERBERT</del> <u>Deceased - Amendment Enclosed</u> <del>9598 HARBOUR LAKE CIRCLE</del> <del>BOYNTON BEACH, FL 33437</del>			STREET ADDRESS					
NAME									
STREET ADDRESS									
CITY - ST - ZIP				CITY - ST - ZIP					
DOCUMENT #	HONIG, MARLENE TRUSTEE 9598 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437			STREET ADDRESS	200030111842 03/09/04--01004--014 **141.25				
NAME									
STREET ADDRESS									
CITY - ST - ZIP				CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS					
NAME									
STREET ADDRESS									
CITY - ST - ZIP				CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS					
NAME									
STREET ADDRESS									
CITY - ST - ZIP				CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS					
NAME									
STREET ADDRESS									
CITY - ST - ZIP				CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS					
NAME									
STREET ADDRESS									
CITY - ST - ZIP				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: <u>Marlene Honig</u>				2-19-04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE