


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001425					
1. Entity Name THE HARE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 5802 DOWNING STREET DOVER, FL 33527		Mailing Address P.O. BOX 307 DOVER, FL 33527			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt # etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3676985	
				Applied For Not Applicable	
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	
DWYER, JOHN 506 NORTH ALEXANDER STREET PLANT CITY, FL 33564-0848				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 \$2,500.00			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 #	NAME		STREET ADDRESS		
NAME	HARE, PORTER TRUSTEE		CITY- ST- ZIP		
STREET ADDRESS	P.O. BOX 307				
CITY- ST- ZIP	DOVER, FL 33527				
DOCUMENT #	NAME		STREET ADDRESS	U0000015821	
NAME			CITY- ST- ZIP	05/10/04-80004-022 141.25	
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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>Porter Hare / Porter Hare</u>			4-28-04		813-659-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE