


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A00000002041					
1. Entity Name WILSON STONE HEARTH FARM LIMITED PARTNERSHIP					
Principal Place of Business 321 NORTH LAKE WAY PALM BEACH FL 33480			Mailing Address 321 NORTH LAKE WAY PALM BEACH FL 33480		
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 65-1101343	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELTON, JOHN W 340 ROYAL POINCIANA WAY, SUITE 340 PALM BEACH FL 33480				7. Name and Address of New Registered Agent 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.		\$337,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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	WILSON, VIRGINIA B			CITY - ST - ZIP	
STREET ADDRESS	321 NORTH LAKE WAY				
CITY - ST - ZIP	PALM BEACH FL 33480				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	Mendel, Nancy W			CITY - ST - ZIP	
STREET ADDRESS	321 North Lake Way				
CITY - ST - ZIP	Palm Beach, FL 33480				
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STREET ADDRESS					
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: <i>Nancy W. Mendel</i> Nancy W. Mendel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				3/20/04 (561) 655-4029 <small>Date Daytime Phone #</small>	

FILED

2004 APR 27 A 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

STAPLE CHECK HERE