
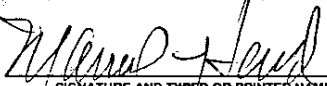


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A00000002053</b>					
<b>1. Entity Name</b> HAND FAMILY PARTNERSHIP, LIMITED					
<b>Principal Place of Business</b> 1201 SOUTH OCEAN DRIVE, APT. 1101-S HOLLYWOOD FL 33019			<b>Mailing Address</b> 1201 SOUTH OCEAN DRIVE, APT. 1101-S HOLLYWOOD FL 33019		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> AP-PLIED FOR	
				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HAND, MANUEL 1201 SOUTH OCEAN DRIVE, APT. 1101-S HOLLYWOOD FL 33019			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions</b> as Shown on record.		<b>\$100.00</b>		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>		
<b>NAME</b>	HAND, MANUEL		<b>CITY-ST-ZIP</b>		
<b>STREET ADDRESS</b>	1201 SOUTH OCEAN DRIVE, APT. 1101-S				
<b>CITY-ST-ZIP</b>	HOLLYWOOD FL 33019				
<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>		
<b>NAME</b>	HAND, SHIRLEY		<b>CITY-ST-ZIP</b>		
<b>STREET ADDRESS</b>	1201 SOUTH OCEAN DRIVE, APT. 1101-S				
<b>CITY-ST-ZIP</b>	HOLLYWOOD FL 33019				
<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>		
<b>NAME</b>			<b>CITY-ST-ZIP</b>		
<b>STREET ADDRESS</b>					
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<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>		
<b>NAME</b>			<b>CITY-ST-ZIP</b>		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>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</b>					
<b>SIGNATURE:</b> 			<b>MANUEL HAND</b> <b>4/27/04</b> <b>954-927-7433</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

**FILED**

04 APR 30 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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