


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

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000096</b> 1. Entity Name <b>THE HODGES LIMITED PARTNERSHIP</b>		
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Principal Place of Business <b>333 2ND ST</b> <b>CEDAR KEY, FL 32625</b>	Mailing Address <b>P.O. BOX 249</b> <b>CEDAR KEY, FL 32625</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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5. Name and Address of Current Registered Agent <b>WATSON, TODD</b> <b>7785 BAYMEADOWS WAY</b> <b>SUITE 107</b> <b>JACKSONVILLE, FL 32256</b>	
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03242004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>04-3634800</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$2,040,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P00000113785	STREET ADDRESS	
NAME	R & M HODGES INC	CITY - ST - ZIP	
STREET ADDRESS	333 2ND ST		
CITY - ST - ZIP	CEDAR KEY, FL 32625		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
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

<b>SIGNATURE</b>  <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)</small>	Date Daytime Phone #
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STAPLE CHECK HERE