2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A0100000509 1. Entity Name HARBOR INVESTMENT, LTD.						FILED 2004 APR 23 PM 3: 54	
Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411		Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411			SECRETARY OF STATE TALLAHASSEE, FLORIDA	(El 188)	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04192004 Chg-LP CR2E003 (10/03)	
City & Stale		City & State		*		I	ied For Applicable
Zip Country		Zip Coun		ntry		5. Certificate of Status Desired \$8.75 Additt Fee Required	
	6. Name and Address of Cui	rent Registered Agent				7. Name and Address of New Registered Agent	
PERRY, CHERYL Y				Name			
6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
	named entity submits this stateme	ent for the purpose of changing	its register	ed office or i	egister	red agent, or both, in the State of Florida. I am familiar with, at	nd accept
SIGNATURE	. •				•		
	Signature, typed or printed name of registered	agent and title if applicable.				DATE	
9. Capital Co as Shown	on record. \$5,000.00	10. Amount of Ca in FLORIDA to	date.			,	
						TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PAR	TNER INFORMATION	13.			ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P0000103016 C.H. CONSULTING, INC.			6534 Rock Creek Drive			
STREET ADDRESS CITY-ST-ZIP	DDRESS 6823 VISTA PARKWAY NORTH			Y-ST-ZIP	Lake Worth, Florida 33467		
DOCUMENT #	SASSO, EDWARD A			EET ADDRESS	340 South U. S. Highway # 1		
STREET ADDRESS.	8818 S.E. RIVERFRONT TE TEQUESTA, FL 33469	RRACE	CE cm		Unit # 607 Jupiter, Florida 33477		
DOCUMENT #	, , , , , , , , , , , , , , , , , , , ,		STR	EET ADDRESS	Uur	piter, riorida 554//	
NAME STREET ADDRESS			ı	_			
CITY-ST-ZIP			·	Y-ST-ZIP		100035797851 05/10/0401034010 **[41	
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STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP		1. MIX. 1. M. 1. M	
14. I hereby indicated the received	I certify that the information supplie on this report is true and accurate ver or trustee empowered to execu	e and that my signature shall ha	ave the sam	ne legal effec	tasifn	section 119.07(3)(i), Florida Statutes. I further certify that the informade under oath; that I am a General Partner of the limited pa	ormation tnership
੍ਹ SIGNAT	TURE:	~	Chr	is A.	Не	eine, Presi CHConsulting,	Inc.
JUITA		PED OR PRINTED NAME OF SIGNING GE	NERAL PARTN	(ER	5	061-684-7500 # 208 Daytime Phone #	