

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



FILED
2004 APR 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0100000509				1. Entity Name HARBOR INVESTMENT, LTD.	
Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411		Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411			
2. Principal Place of Business		3. Mailing Address		04192004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI-Number 65-1094626	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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		
PERRY, CHERYL Y 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411			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. \$5,000.00		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 #	P00000103016		STREET ADDRESS	6534 Rock Creek Drive	
NAME	C.H. CONSULTING, INC.		CITY-ST-ZIP	Lake Worth, Florida 33467	
STREET ADDRESS	6823 VISTA PARKWAY NORTH				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411				
DOCUMENT #	SASSO, EDWARD A		STREET ADDRESS	340 South U. S. Highway # 1	
NAME	8818 S.E. RIVERFRONT TERRACE		CITY-ST-ZIP	Unit # 607	
STREET ADDRESS	TEQUESTA, FL 33469			Jupiter, Florida 33477	
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					
SIGNATURE: _____			Chris A. Heine, Pres. CHConsulting, Inc.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			561-684-7500 # 208		Daytime Phone #

STAPLE CHECK HERE

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