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

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000842

1. Entity Name
HOLY GRAIL, LTD.

Principal Place of Business
C/O STILES CORPORATION
300 S.E. 2ND STREET
FT. LAUDERDALE FL 33301

Mailing Address
C/O STILES CORPORATION
300 S.E. 2ND STREET
FT. LAUDERDALE FL 33301

MOORE CR2E003 (11/03)

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 65-1119293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301	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
Signature typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	$1,600,000.00	10. Amount of Capital Contributions in FLORIDA to date. $603,228.72	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 #	P97000033410	STREET ADDRESS	
NAME	STILES GROVE, INC.		
STREET ADDRESS	300 S.E. 2ND STREET	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		000000160178
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STAPLE CHECK HERE

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: Rocco Ferrera 4-22-04 954-627-9350
SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #