


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

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000966		
1. Entity Name HENNESSEY FAMILY PARTNERSHIP, LTD.		

Principal Place of Business % ROOD & ASSOCIATES 200 PIERCE STREET, #2-B TAMPA FL 33602	Mailing Address % ROOD & ASSOCIATES 200 PIERCE STREET, #2-B TAMPA FL 33602
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 01-0657465	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HENNESSEY, DONNA C % ROOD & ASSOCIATES 200 PIERCE STREET, #2-B TAMPA FL 33602	
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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
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9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 250,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HENNESSEY, DONNA C 200 PIERCE STREET, #2-B TAMPA FL 33602	STREET ADDRESS	
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04/13/04 00006 010 526.25

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: Margaret R. Gibbs	Date: 4/2/04	Daytime Phone #: 904-2646520
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