


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 28 PM 1:35

<b>DOCUMENT # A02000000103</b>					
1. Entity Name HUDSON ASSET MANAGEMENT, LTD.					
Principal Place of Business 1150 CLEVELAND, SUITE 300 CLEARWATER, FL 33755			Mailing Address 2450 SHENANGO VALLEY HERMITAGE, PA 16148		
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 26-0005073	
				Applied For Not Applicable	
				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		
STROHAUER, GARY N 1150 CLEVELAND, SUITE 300 CLEARWATER, FL 33755			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. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M02000000209		STREET ADDRESS		
NAME	HUDSON MANAGEMENT, LLC		CITY - ST - ZIP	900027709089	
STREET ADDRESS	1150 CLEVELAND, SUITE 300			01/28/04 01019-002 **141.25	
CITY - ST - ZIP	CLEARWATER, FL 33755				
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NAME			CITY - ST - ZIP		
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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: _____			Date 1-20-04 724 981 1204		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER THOMAS M HUDSON			Daytime Phone #		

STAPLE CHECK HERE