

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


FILED

04 MAY 14 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A02000000105**

1. Entity Name  
THINK HAPPY THOUGHTS, LTD.



Principal Place of Business  
780 AUTUMN GLEN  
MELBOURNE, FL 32940

Mailing Address  
780 AUTUMN GLEN  
MELBOURNE, FL 32940

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3752621				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		
PIERSALL, JEFFREY C 780 AUTUMN GLEN MELBOURNE, FL 32940			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. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 57,888	# 493.97
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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	
DOCUMENT #	P02000007855	STREET ADDRESS	
NAME	PIERSALL FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	780 AUTUMN GLEN		
CITY-ST-ZIP	MELBOURNE, FL 32940		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500637676265
STREET ADDRESS			06/04/04--01068--016 **493.97
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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)(f), 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: Jeffrey C Piersall Date: 4.10.04 Daytime Phone #: 321-508-7556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER