


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

DOCUMENT # A02000000582		
1. Entity Name NEXT GENERATION PARTNERS, LTD.		

Principal Place of Business 288 NINTH STREET WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 770249 WINTER GARDEN, FL 34777-0249
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
FALK, HARRY H 288 NINTH STREET WINTER GARDEN, FL 34787	

FILED

2004 FEB 20 PM 3:38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



02162004 Chg-LP CR2E003 (10/03)

4. FEI Number <del>APPLIED FOR</del> 03-0437331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

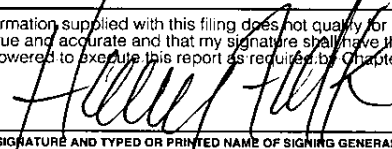
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P03000068727	STREET ADDRESS	
NAME	HFEF INVESTMENT COMPANY	CITY-ST-ZIP	
STREET ADDRESS	288 NINTH STREET		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: 	Date: 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE