

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY 10 AM 8:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000697

1. Entity Name
 HANLEX HOLDINGS LIMITED



Principal Place of Business
 174-A SEMORAN COMMERCE PL
 SUITE 109
 APOPKA, FL 32703

Mailing Address
 174-A SEMORAN COMMERCE PL
 SUITE 109
 APOPKA, FL 32703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 26-0051157

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PISTORWER, HANS BERNHARD
 174-A SEMORAN COMMERCE PL
 SUITE 109
 APOPKA, FL 32703

Correct spelling →

Name *HANS BERNHARD PISTOR*

Street Address (P.O. Box Number is Not Acceptable)
174A SEMORAN COMMERCE PL #109

City *APOPKA*

FL

Zip Code *32703*

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record: \$10,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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

DOCUMENT # L01000001020
 NAME MONROE-THARPE LLC
 STREET ADDRESS 19806 PANAMA CITY BEACH PARKWAY
 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

13. ADDRESS CHANGES ONLY

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE