


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000880</b> 1. Entity Name <b>HARLEE INVESTMENTS, LTD.</b>					
Principal Place of Business <b>2106 5TH AVENUE WEST PALMETTO FL 34221</b>			Mailing Address <b>2106 5TH AVENUE WEST PALMETTO FL 34221</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>03-0468122</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HARLEE, JOHN P III 1227 9TH AVENUE WEST BRADENTON FL 34205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>		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>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	HARLEE, JOHN P III			CITY-ST-ZIP	
STREET ADDRESS	1227 9TH AVENUE WEST				
CITY-ST-ZIP	BRADENTON FL 34205				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	BOYLSTON, ALICE H			CITY-ST-ZIP	
STREET ADDRESS	2106 5TH AVENUE WEST				
CITY-ST-ZIP	PALMETTO FL 34221				
DOCUMENT #	NAME			STREET ADDRESS	
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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 19.07(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: <i>Alice H. Boylston</i> <b>ALICE H. BOYLSTON</b>				Date: <b>2-28-05</b> Daytime Phone #: <b>941-722-7419</b>	



1ST MOORE CR2E003 (10/04)

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