

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

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001223**

1. Entity Name  
**HARROD PROPERTIES DEVELOPMENT, LTD.**



Principal Place of Business  
**777 SOUTH HARBOUR ISLAND BLVD., SUITE 877  
TAMPA, FL 33602**

Mailing Address  
**777 SOUTH HARBOUR ISLAND BLVD., SUITE 877  
TAMPA, FL 33602**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04132004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**04-3712959**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HARROD, GARY W  
777 SOUTH HARBOUR ISLAND BLVD., SUITE 877  
TAMPA, FL 33602**

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$5,000.00**

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 # **P99000053657**  
NAME **HARROD DEVELOPMENT, INC.**  
STREET ADDRESS **777 SOUTH HARBOUR ISLAND BLVD., SUITE 877**  
CITY- ST- ZIP **TAMPA, FL 33602**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS  
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 20, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

4-22-04