

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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001390</b>					
1. Entity Name HAROMY FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 1576 PARKS LAKE ROAD LAKE WALES, FL 33853			Mailing Address 1576 PARKS LAKE ROAD LAKE WALES, FL 33853		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0655755	
				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 HAROMY, JOHN C 1576 PARKS LAKE ROAD LAKE WALES, FL 33853			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,971,986.00			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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
	HAROMY, JOHN C	1576 PARKS LAKE ROAD	LAKE WALES, FL 33853		
	HAROMY, BARBARA H	1576 PARKS LAKE ROAD	LAKE WALES, FL 33853		
	WOLTMANN, KATHERINE H	1576 PARKS LAKE ROAD	LAKE WALES, FL 33853		
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: 			3/24-04 (863) 696-1697		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE