2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A02000001456

1. Entity Name
HOMETOWN PAYROLL ADVANCE LTD

FILED
2004 OCT 21 PM 12:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4213 U. S. 1 SOUTH ST. AUGUSTINE, FL 32086	4213 U. S. 1 SOUTH ST. AUGUSTINE, FL 32086

07012004 Chg-LP CR2E003 (10/03)

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 41-2065539 ☐ Applied For ☐ Not Applicable

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
BOUTROS, DAVID A 120B RIO DEL MAR RD ST. AUGUSTINE, FL 32080	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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$2,000.00	

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 # NAME: BOUTROS, TINA A STREET ADDRESS: 120B RIO DEL MAR RD CITY-ST-ZIP: ST. AUGUSTINE, FL 32080	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: WORTH, ROBERT N STREET ADDRESS: 915 S. PONCE DELEON BLVD CITY-ST-ZIP: ST. AUGUSTINE, FL 32084	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: WORTH, JANE L STREET ADDRESS: 915 S. PONCE DELEON BLVD CITY-ST-ZIP: ST. AUGUSTINE, FL 32084	STREET ADDRESS CITY-ST-ZIP 100042322762 11/01/04--01002--007 **541.25
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STAPLE CHECK HERE

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: Jane Worth JANE WORTH 7/1/04 (904) 797-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #