

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

FILED

04 MAY 18 PM 1:34

CLERK OF THE STATE  
TALLAHASSEE FLORIDA

MAJJA

<b>DOCUMENT # A03000000013</b>			
1. Entity Name HOLLINGSWORTH TRADING A, LIMITED PARTNERSHIP			
Principal Place of Business 124 SOUTH FLORIDA AVENUE LAKE LAND, FL 33803		Mailing Address 124 SOUTH FLORIDA AVENUE LAKE LAND, FL 33803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142004	Chg-LP	CR2E003 (10/03)	3/18
4. FEI Number 56-2308134		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		7. Name and Address of New Registered Agent	
APLIN, DAVID F 124 SOUTH FLORIDA AVENUE LAKE LAND, FL 33803		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 \_\_\_\_\_

9. Capital Contributions as Shown on record \$1,000,000.00 \$7,000,000.00 \$7,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00
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**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 #	P00000042973	STREET ADDRESS	124 S. FLORIDA AVE SUITE 200
NAME	HOLLINGSWORTH CAPITAL MANAGEMENT, INC.	CITY-ST-ZIP	LAKE LAND FL 33803
STREET ADDRESS	124 SOUTH FLORIDA AVENUE		
CITY-ST-ZIP	LAKE LAND, FL 33803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 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: David F. Aplin 3/30/04 (863) 666-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE