


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 23 PM 3:38

<b>DOCUMENT # A0300000064</b>			
1. Entity Name <b>HANDLEMAN INVESTMENTS LLLP</b>			
Principal Place of Business <b>BANK ONE, N.A. 3399 PGA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33410</b>		Mailing Address <b>BANK ONE, N.A. 3399 PGA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33410</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOMOLL, GARY BANK ONE, N.A. 3399 PGA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33410</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) <b>\$24,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date <b>20,490,418.08</b>	
		<b>\$526.25</b>	
<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 #	<b>L03000000302</b>	STREET ADDRESS	
NAME	<b>HLI LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3399 PGA BLVD., SUITE 100</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>		
DOCUMENT #		STREET ADDRESS	<b>300032192993</b>
NAME		CITY-ST-ZIP	<b>04/08/04--01016--010 **535.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
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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: <b>Bank One</b> <i>Gary Wayne Gomoll</i>		Date <b>03/08/2004</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
<b>GARY WAYNE GOMOLL</b>			

STAPLE CHECK HERE