


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000341		
1. Entity Name H & L REAL ESTATE LIMITED PARTNERS, LTD		

Principal Place of Business 620 THOMAS STREET UNIT NO. 153 KEY WEST, FL 33040	Mailing Address 620 THOMAS STREET UNIT NO. 153 KEY WEST, FL 33040
--	--

2. Principal Place of Business 544 Porter Lane Suite, Apt. #, etc.	3. Mailing Address 544 Porter Lane Suite, Apt. #, etc.
--	--

City & State Key West, FL	City & State Key West, FL
Zip 33040	Zip 33040
Country USA	Country USA

FILED
 2004 OCT 15 P 2:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

07302004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-2415959	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 HORNSTEIN, JACK 620 THOMAS STREET UNIT NO. 153 KEY WEST, FL 33040	7. Name and Address of New Registered Agent Name <u>Hornstein, Jack</u> Street Address (P.O. Box Number is Not Acceptable) <u>544 Porter Lane</u> City <u>Key West</u> <u>FL</u> Zip Code <u>33040</u>
---	--

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. \$0.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L02000021008 H & L FLORIDA ASSOCIATES, LLC 620 THOMAS STREET, UNIT NO. 153 KEY WEST, FL 33040	STREET ADDRESS CITY-ST-ZIP	544 Porter Lane Key West, FL 33040
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500042322655 11/01/04--01002--004 ***141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: 	8/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #