

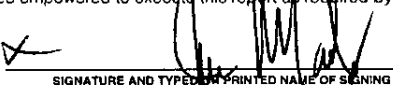


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000832 1. Entity Name PH-4 LLLP						<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; margin: 5px 0;">04 JUN -4 PM 3:44</div> <div style="font-size: 0.8em; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 4422 NORTH CHURCH STREET, UNIT H TAMPA, FL 33614				Mailing Address 4422 NORTH CHURCH STREET, UNIT H TAMPA, FL 33614			
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 MANLEY, JAMES F 4422 NORTH CHURCH STREET, UNIT H TAMPA, FL 33614						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. \$5,000.00				10. Amount of Capital Contributions in FLORIDA to date. 5000			
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			
NAME		MANLEY, JAMES F		CITY-ST-ZIP			
STREET ADDRESS		4422 NORTH CHURCH STREET, UNIT H					
CITY-ST-ZIP		TAMPA, FL 33614					
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NAME				CITY-ST-ZIP			
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: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER James Manley GP		Date 4/26/04 Daytime Phone # 813-877-7101	

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