

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number **83-0367789** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARROD, GARY W
777 S. HARBOUR ISLAND BLVD., SUITE 877
TAMPA, FL 33602

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$200,000.00**

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 #	P99000053657	STREET ADDRESS	
NAME	HARROD DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD., SUITE 877		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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05/11/04--01062--006 **526.25

Handwritten signature/initials

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

4-26-04

Date _____ Daytime Phone # _____

STAPLE CHECK HERE