



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

**FILED**

04 APR 30 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A03000001175</b>			
1. Entity Name <b>AGRIPARTNERS LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103</b>		Mailing Address <b>38500 WOODWARD AVENUE, SUITE 310 BLOOMFIELD HILLS, MI 48304</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>ARONOFF, JANET 800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$99.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<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>P00000005325</b>	STREET ADDRESS	
NAME	<b>HASTINGS STREET INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>626 GULF SHORE BLVD. SOUTH</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34102</b>		
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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: 		JANET ARONOFF 01-06-04 248-642-0190	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

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