

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 26 PM 1:37

STATE OF FLORIDA
TALLAHASSEE FLORIDA

MMJ 265



03042004 Chg-LP CR2E003 (10/03) 5/26

DOCUMENT # A03000001357					
1. Entity Name HI-RISE INTERNATIONAL, LTD.					
Principal Place of Business 4629 RUE BORDEAUX LUTZ, FL 33558			Mailing Address 4629 RUE BORDEAUX LUTZ, FL 33558		
2. Principal Place of Business 3514 Arch St Suite, Apt. #, etc.		3. Mailing Address 3919 Van Dyke Rd Ste 246			
City & State Tampa, FL		City & State Lutz, FL		4. FEI Number 20-0242447	
Zip 33611	Country	Zip 33558	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, MICHAEL H 4629 RUE BORDEAUX LUTZ, FL 33558 			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 5/16/04					
9. Capital Contributions as Shown on record, \$5,000.00			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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000101536 MG MEDIA, INC. 4629 RUE BORDEAUX LUTZ, FL 33558		STREET ADDRESS CITY-ST-ZIP	500037869495 05/11/04 01022-015 **150.00	
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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: MH GARDNER			Date 5/16/04 Daytime Phone # 813-434-3223		

STAPLE CHECK HERE