


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005


#FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 10:50

| | |
|---|---|
| DOCUMENT # A04000000964 1. Entity Name HANIEL JOSEPH SOURCE, LLLP |  |
|---|---|

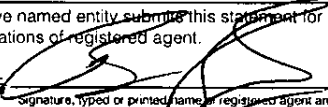
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| Principal Place of Business 431 APPIAN WAY, N.E. ST PETERSBURG, FL 33704 | Mailing Address 431 APPIAN WAY, N.E. ST PETERSBURG, FL 33704 |
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|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 3. Mailing Address | 02232005 Chg-LP CR2E003 (10/03) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 20-1494784 |
| City & State | City & State | Applied For Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |



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| 6. Name and Address of Current Registered Agent SPARKS, BRIAN C 100 S ASHLEY DR, STE 1500 TAMPA, FL 33602 | 7. Name and Address of New Registered Agent Name Sparks, Brian C. Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd., Ste 3700 City Tampa FL Zip Code 33602 |
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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  **BRIAN C. SPARKS** DATE **3/16/05**

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| 9. Capital Contributions as Shown on record. \$10,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 # P04000090631 NAME HANIEL JOSEPH HOLDINGS, INC. STREET ADDRESS 431 APPIAN WAY, N.E. CITY-ST-ZIP ST PETERSBURG, FL 33704 | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP 600050091906 04/07/05--01004--002 **526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
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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:  _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE