

2009 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2009

DOCUMENT # A05253

1. Entity Name
H.D. MARCLAY COMPANY, LTD.



Principal Place of Business
**353 SOUTH ATLANTIC AVE
 ORMOND BEACH, FL 32176**

Mailing Address
**353 SOUTH ATLANTIC AVE
 ORMOND BEACH, FL 32176**

FILED

2009 JAN 13 AM 8:38

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



01052009 No Chg-LP CR2E003 (11/08)

4. FEI Number 59-1730234	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONE, HARRY C JR.
 353 SOUTH ATLANTIC AVE
 ORMOND BEACH, FL 32176**

**DO NOT WRITE
 IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2009, Fee will be \$900.00**

**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

DOCUMENT #
 NAME **CONE, HARRY C. JR.**
 STREET ADDRESS **353 SOUTH ATLANTIC AVE**
 CITY-ST-ZIP **ORMOND BCH, FL 32176**

**900140447149
 01/13/09-01007--009 **500.00**

DOCUMENT #
 NAME **CONE, DAWN**
 STREET ADDRESS **353 SOUTH ATLANTIC AVE**
 CITY-ST-ZIP **ORMOND BCH, FL 32176**

**DO NOT WRITE
 IN THIS SPACE**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

HARRY C. CONE, JR

1-5-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE