


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A11223			
1. Entity Name HTC LIMITED			
Principal Place of Business 2632, N.W. 43RD STREET B-95 GAINESVILLE FL 32606		Mailing Address 2632, N.W. 43RD STREET B-95 GAINESVILLE FL 32606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 AUG -2 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

4. FEI Number 59-2154605		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent -HENRY, NANCY J. 2632 N.W. 43RD ST., B-95 GAINESVILLE FL 32606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input type="checkbox"/>	
9. Capital Contributions as Shown on record. \$100,000.00	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 #	HENRY, NANCY J.	STREET ADDRESS	
NAME	2632 N.W. 43RD ST., B-95	CITY-ST-ZIP	
STREET ADDRESS	GAINESVILLE FL		
CITY-ST-ZIP			
DOCUMENT #	JENKINS, JOE C III	STREET ADDRESS	
NAME	1927 NW 8TH AVE.	CITY-ST-ZIP	
STREET ADDRESS	GAINESVILLE FL 32603		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Nancy J Henry 7/30/04 352-372-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE