


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A13702		
1. Entity Name CONNOR HOSPITALITY, LTD.		

Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224	Mailing Address P.O. BOX 16469 JACKSONVILLE, FL 32245
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc	City & State	City & State
Zip	Country	Zip	Country



01232004 Chg-LP CR2E003 (10/03)

4. FEI Number 75-1857026		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 HIBCO CORP. 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$983,040.00	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 #	P93000040962	STREET ADDRESS	
NAME	HIBCO CORP.	CITY - ST - ZIP	
STREET ADDRESS	4306 PABLO OAKS COURT		
CITY - ST - ZIP	JACKSONVILLE, FL 32224		
DOCUMENT #		STREET ADDRESS	000000159331
NAME		CITY - ST - ZIP	05/10/04-80026-005 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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: Linda Markette Linda Markette Treasurer 4-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE