


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A20558 1. Entity Name WAREHOUSE TECHNOLOGY PARTNERS, LTD.	
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Principal Place of Business 220 S. PALAFOX STREET PENSACOLA, FL 32501	Mailing Address PO DRAWER 12684 PENSACOLA, FL 32591
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2563841	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALFORD, DOUG 220 S. PALAFOX STREET PENSACOLA, FL 32501	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$80,000.00	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 #	G53307	STREET ADDRESS	
NAME	THE HALFORD COMPANY	CITY-ST-ZIP	
STREET ADDRESS	220 S. PALAFOX STREET		
CITY-ST-ZIP	PENSACOLA, FL 32501		
DOCUMENT #		STREET ADDRESS	1100000102369
NAME		CITY-ST-ZIP	04/05/04-80012-002 150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(f), 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: *Doug Halford* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE