

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A21078	
1. Entity Name T.H. ORLANDO, LTD.	



Principal Place of Business 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533	Mailing Address 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533
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2. Principal Place of Business Suite, Apt # etc.	3. Mailing Address Suite, Apt # etc.
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04272004 Chg-LP CR2E003 (10/03)

City & State	City & State
Zip	Country

4. FFI Number 13-3305713	Applied For No: Applicable
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6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent	
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PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301

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 _____

9. Capital Contributions as Shown on record \$1,000,690.00	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 #	H82141	STREET ADDRESS	
NAME	T.H. LANDSTREET, INC.	CITY, ST, ZIP	
STREET ADDRESS	2424 ROUTE 52	STREET ADDRESS	
CITY, ST, ZIP	HOPEWELL JUNCTION, NY 12533	CITY, ST, ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY, ST, ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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05/10/04-80022-015 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 200, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/04

Date

Day of the Month