

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

*** 5:00 PM**
FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A27142					
1. Entity Name HARBOUR KEY ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714			Mailing Address ATTN: ROBERT M. PICERNE 247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0441443	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILDES, RICHARD J ESQ. % LOWNDES, DROSDICK, DOSTER, KANTOR ET AL 215 N. EOLA DRIVE ORLANDO, FL 32801			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>					
9. Capital Contributions as Shown on record \$2,194,331.20		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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000078910 PICERNE HARBOUR KEY DEVELOPMENT, INC. 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714		STREET ADDRESS CITY - ST - ZIP		
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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: _____			4/27/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
<small>Daytime Phone #</small>					

STAPLE CHECK HERE