


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**

**Feb 05, 2004 08:00 AM**  
**Secretary of State**

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # A28280</b><br>1. Entity Name<br><b>NEW HARBOR PARTNERS, LTD.</b>  |   |    |   |
| Principal Place of Business<br><b>1705 S. FEDERAL HWY SUITE A-3<br/>DELRAY BEACH FL 33483</b>   |   | Mailing Address<br><b>172 NE 2ND AVENUE<br/>DELRAY BEACH FL 33444</b>   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt # etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 4. FEI Number<br><b>65-0124854</b>  |   | Applied For<br><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<br><b>SCHROEDER, MICHAEL A., ESQ.<br/>ONE BOCA PLACE, SUITE 319-ATRIUM<br/>2255 GLADES ROAD<br/>BOCA RATON FL 33431</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |   |   |
| 9. Capital Contributions as Shown on record. <b>\$148,500.00</b>  |   | 10. Amount of Capital Contributions in FLORIDA to date.   |   |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION  |   |   |   |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |   |   |   |
| 12. GENERAL PARTNER INFORMATION   |   | 13. ADDRESS CHANGES ONLY  |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>K83662<br/>NEW HARBOR, INC.<br/>1705 S FEDERAL HWY A-3<br/>DELRAY BEACH FL</b> | STREET ADDRESS<br>CITY - ST - ZIP   | <b>000000070687<br/>02/28/04-80029-021 526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | STREET ADDRESS<br>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:**

*Michael A. Schroeder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*2/4/04*

STAPLE CHECK HERE