


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

<b>DOCUMENT # A28394</b>			
1. Entity Name <b>IMPERIAL SQUARE, LTD.</b>			
Principal Place of Business <b>11983 N. TAMIAMI TRIAL, #100 NAPLES FL 34110</b>		Mailing Address <b>11983 N. TAMIAMI TRIAL, #100 NAPLES FL 34110</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
04 FEB -2 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

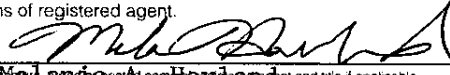


MOORE CR2E003 (11/03)

4. FEI Number <b>65-0125261</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HOVLAND, JOSEPH M 11983 N. TAMIAMI TRAIL #100 NAPLES FL 33963</b>		7. Name and Address of New Registered Agent Name <b>Melanie A. Hovland</b> Street Address (P.O. Box Number is Not Acceptable) <b>11983 Tamiami Trail N, Ste 100</b> City <b>Naples,</b> FL Zip Code <b>34110</b>	
---	--	---	--

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 **1/27/04**

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**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 #	P94000024499	STREET ADDRESS	
NAME	HOVLAND, INC.	CITY-ST-ZIP	
STREET ADDRESS	11983 N. TAMIAMI TRIAL, #100		
CITY-ST-ZIP	NAPLES FL 34110		
DOCUMENT #		STREET ADDRESS	<b>000028010410</b>
NAME		CITY-ST-ZIP	<b>02/02/04--01047--010 **526.25</b>
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			
DOCUMENT #		STREET ADDRESS	<b>THOMAS</b>
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:**  **Melanie A. Hovland, President/Hovland Inc** 1/26/2004 (239) 594-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE