


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 18 PM 3:44

DOCUMENT # A29428 1. Entity Name HOGAN STREET LIMITED					
Principal Place of Business 118 WEST ADAMS STREET, SUITE 1000 JACKSONVILLE, FL 32202			Mailing Address 118 WEST ADAMS STREET, SUITE 1000 JACKSONVILLE, FL 32202		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2995763	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHULTZ, JOHN R 118 WEST ADAMS STREET, SUITE 1000 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name <u>John R. Schultz</u> Street Address (P.O. Box Number is Not Acceptable) <u>118 West Adams STREET, Suite 1000</u> City <u>Jacksonville</u> FL Zip Code <u>32202</u>		
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 <u>John R. Schultz</u> DATE _____					
9. Capital Contributions as Shown on record. \$80,000.00			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	L27823 SCHULTZ PROPERTIES, INC. 118 W. ADAMS ST., SUITE 1000 JACKSONVILLE, FL		STREET ADDRESS CITY-ST-ZIP	800030005618 03/08/04--01045--003 **526.25	
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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 <u>John R. Schultz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # 904-354-1789		

STAPLE CHECK HERE