

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 11 PM 1:29

DOCUMENT # A31026

1. Entity Name
 THE H.L.O.T. FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 4229 HIGHWAY 90
 PACE, FL 32571

Mailing Address
 4229 HIGHWAY 90
 PACE, FL 32571

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3041196

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, EDWIN
 4229 HIGHWAY 90
 PACE, FL 32571

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$43,012.50

10. Amount of Capital Contributions in FLORIDA to date. 43,012.50

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

DOCUMENT # P94000064374
 NAME HENRY BUSINESS GROUP, INC.
 STREET ADDRESS 4229 HIGHWAY 90
 CITY-ST-ZIP PACE, FL 32571

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP 700031371097
 03/30/04--01022--006 **389.82

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/04 (754) 494-0984
 Date Daytime Phone #

STAPLE CHECK HERE