


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A31192			
1. Entity Name C-CHILDRESS-HARROD #1, LTD.			
Principal Place of Business 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602		Mailing Address 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARROD, GARY W. 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602		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. \$10.00		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	
NAME	CHILDRESS, J. DONALD	CITY - ST - ZIP	
STREET ADDRESS	999 PEACHTREE STREET NE		
CITY - ST - ZIP	ATLANTA, GA 30309		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HARROD, GARY W.	CITY - ST - ZIP	
STREET ADDRESS	777 S. HARBOUR ISLD BLVD		
CITY - ST - ZIP	TAMPA, FL		
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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: _____		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		4-26-04	
		Daytime Phone #	



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-1723450 Applied For Not Applicable

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

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 05/06/04-88007-025 141.25

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