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

. STAPLE CHECK HERE

<b>5025</b> 1.				
DOCUMENT # A31258 1. Entity Name	••			
HUGHES INVESTMENT PARTNERSHIP, LTD.			FILED	
Principal Place of Business	Mailing Address	•	,	
1288 LAUREL COURT 1288 LAUREL COURT MARCO ISLAND FL 33937 MARCO ISLAND FL 339		937	2004 APR 12 P 4: 02	
			TOO OF THE WAY HAD AND FINE FOR THE FOR THE SHORE OF THE SHAREST O	
2. Principal Place of Business [1288 LAWREL C7	18 LAUREL CT 1288 LAUREL CT.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E003 (11/03)	
City & State MANCO TSCAM, ITL	City & State  MANCO ESCAPO, FL  Zip  Zip  Country  USA		4. FEI Number 58-1775730 Applied For Not Applicable	
MANCO ESCAMD, IEL  Zip 34145 Country VSA	Zip 3 4/45	Country	5. Certificate of Status Desired  \$8.75 Additional	
6. Name and Address of Curren			7. Name and Address of New Registered Agent	
Na				
HUGHES, MICHAEL L SR.		Street Address (P.O. Box Number is Not Acceptable)		
1288 LAURET CT.		/28	1788 LAUREL CT.	
MARCO ISLAND FL 33937				
			ANCO ISCHOO FL Zip Code 45	
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 Muchael J. Aceales ST - 4/7/04 Signature, typed or printed name of registered agent of type if applicable.  DATE				
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. /2304537./2				
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 #	THE STREET		ADDITION OF INVOCES ONE!	
NAME HUGHES, MICHAEL L SR.		STREET ADDRESS	1288. LAURKL CT	
STREET ADDRESS 1288 LAUREL CT.  CLEY-ST-ZIP MARCO ISLAND FL		CITY-ST-ZIP	MARCO ESCAND, FL 34/45	
DOCUMENT #		STREET ADDRESS .		
NAME Street address City-St-Zip		CITY-ST-ZIP		
DOCUMENT / NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	04/12/0401117021 **1750.00	
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DOCUMENT / NAME	•	STREET ADDRESS	1	
STREET ADDRESS  CITY-ST-ZIP		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				
and resource of master oripotrored to execute this report as required by enapter see, i fortida statutes				
SIGNATURE: MICHOLO SIGNING GENERAL PARTNER Date DayLime Phone #				