

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

**DOCUMENT # A31270**  
 1. Entity Name  
**THE HOUR GLASS OF ALBANY, LTD.**



**FILED**

04 MAY -3 PM 6:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 1415 TIMBERLANE ROAD      1415 TIMBERLANE ROAD  
 TALLAHASSEE FL 32312      TALLAHASSEE FL 32312



MOORE      CR2E003 (11/03)

2. Principal Place of Business      3. Mailing Address  
 1480 Timberlane Road      1480 Timberlane Road  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Tallahassee, FL      Tallahassee, FL  
 Zip      Country      Zip      Country  
 32312      USA      32312      USA

4. FEI Number      Applied For  
 59-2888962      Not Applicable

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

6. Name and Address of Current Registered Agent  
 STEPHENS, JAMES A.  
 1415 TIMBERLANE ROAD  
 TALLAHASSEE FL 32312

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.      \$125,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	K07801
NAME	HOUR GLASS MGMT., INC.
STREET ADDRESS	1415 TIMBERLANE ROAD
CITY - ST - ZIP	TALLAHASSEE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800036545088
CITY - ST - ZIP	05/18/04--01033--009 **526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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 James A. Stephens      4/28/04      (850) 893-4687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #