



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33041</b> 1. Entity Name <b>HARVEY FARMS, LTD.</b>					
Principal Place of Business <b>6265 SE 86TH BLVD.</b> <b>OKEECHOBEE, FL 34974</b>				Mailing Address <b>6265 SE 86TH BLVD.</b> <b>OKEECHOBEE, FL 34974</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>59-1187840</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02202004    Chg-LP    CR2E003 (10/03)	
6. Name and Address of Current Registered Agent <b>HARVEY, CLOIS J</b> <b>6265 SE 86TH BLVD.</b> <b>OKEECHOBEE, FL 34974</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$141,492.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L90993		STREET ADDRESS		
NAME	HARVEY FARMS CORP.		CITY-ST-ZIP		
STREET ADDRESS	6265 SE 86TH BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	OKEECHOBEE, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(b), 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					
<b>SIGNATURE:</b> <i>Clois J. Harvey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			03-15-04 <small>Date      Daytime Phone #</small>		

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