


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

FILED

04 JAN 14 AM 10:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A33115
1. Entity Name
HENRY & COMPANY, LTD.



Principal Place of Business: 450 ROYAL PALM WAY, SUITE 502, PALM BEACH, FL 33480
Mailing Address: 450 ROYAL PALM WAY, SUITE 502, PALM BEACH, FL 33480

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01072004 Chg-LP CR2E003 (10/03) 1114
4. FEI Number: 65-0342067 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HAMBY, LOUIS L III
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent
Name: **PATRICK HENRY**
Street Address (P.O. Box Number is Not Acceptable): **450 ROYAL PALM WAY, SUITE 502**
City: **PALM BEACH** FL Zip Code: **33480**

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: *Patrick Henry*, **PATRICK HENRY** DATE: **1-8-04**

9. Capital Contributions as Shown on record: **\$3,858,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **3,858,000 -**

**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 #	HENRY, PATRICK	STREET ADDRESS	
NAME	450 ROYAL PALM WAY, #502	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH, FL 33480		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100028052981
NAME		CITY-ST-ZIP	02/02/04--01092--009 **\$25.00
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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: *Patrick Henry*, **PATRICK HENRY General Partner** DATE: **1-8-04** DAYTIME PHONE #: **561-832-309**