

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A33115

1. Entity Name
HENRY & COMPANY, LTD.



FILED
05 JAN 10 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



01042005 Chg-LP CR2E003 (10/03) 1/10

4. FEI Number
65-0342067

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

6. Name and Address of Current Registered Agent
**HENRY, PATRICK III
450 ROYAL PALM WAY, SUITE 502
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
450 ROYAL PALM WAY, SUITE 401
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 Patrick Henry, General Partner 1/6/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$3,858,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,858,000.00**

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 #		STREET ADDRESS	450 ROYAL PALM WAY, SUITE 401
NAME	HENRY, PATRICK	CITY-ST-ZIP	
STREET ADDRESS	450 ROYAL PALM WAY, #502		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Patrick Henry, General Partner 1/6/05 561-832-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE