



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

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000430			
1. Entity Name HERITAGE HOLLYBROOK, LTD.			
Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH FL 33480		Mailing Address 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JENKINS, JAMES C 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH FL 33480		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record \$2,136,040.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000036473	STREET ADDRESS	
NAME	PROGRESSIVE HOUSING - HOLLYBROOK, INC.	CITY - ST - ZIP	
STREET ADDRESS	340 ROYAL POINCIANA WAY		
CITY - ST - ZIP	PALM BEACH FL 33480		
DOCUMENT #		STREET ADDRESS	000000158189
NAME		CITY - ST - ZIP	05/07/04-80012-005 526.25
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STREET ADDRESS			
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:  up 9. 6. 02		4/21/04 561-833-5450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	