

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

DOCUMENT # A94000000623	
1. Entity Name HAIGHT FAMILY INVESTMENTS, LTD.	

FILED
 04 MAY -5 PM 2:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4744 S. OCEAN BLVD #9 BOCA RATON FL 33487-5391	Mailing Address 4744 S. OCEAN BLVD #9 BOCA RATON FL 33487-5391
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MOORE CR2E003 (11/03)

2. Principal Place of Business 9385 E. Maiden Ct.	3. Mailing Address 9385 E. Maiden Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

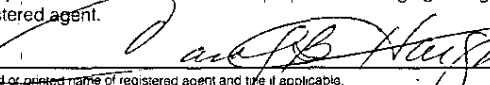
City & State Vero Beach FL	City & State Vero Beach, FL
Zip 32963	Country Indian River

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAIGHT, CAROL B 4744 S. OCEAN BLVD T.N. 9 BOCA RATON FL 33487	
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7. Name and Address of New Registered Agent	
Name Haight Carol B.	
Street Address (P.O. Box Number is Not Acceptable) 9385 E. Maiden Ct.	
City Vero Beach FL	Zip Code 32963

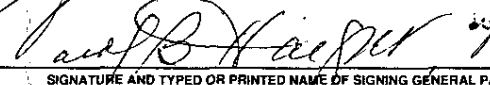
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/29/04

9. Capital Contributions as Shown on record \$460,002.00	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	HAIGHT, CAROL B		9385 E. Maiden Ct.
STREET ADDRESS	4744 S. OCEAN BLVD., T.N.9	CITY-ST-ZIP	Vero Beach, FL 32963
CITY-ST-ZIP	BOCA RATON FL 33487		
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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: 	DATE 3/29/04	DAYTIME PHONE # 772-589-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		