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

## FILED Apr 30, 2004 08:00 AM Secretary of State

Due by May 1, 2004					-	Secretary of State	
DOCUMENT # A9400001174  1. Entity Name HARKINS LTD.					Secretary of State		
Principal Plac	a of Business	Mailing Address		1			
Principal Place of Business Mailing Address 114 FOREST HILL BLVD. 114 FOREST HILL BLVI WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL				5			
						<b>30</b> 00 <b>6300</b> 0 2300 2000 1000 2000 2000 20	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	#. etc	Suite, Apt #, etc.		04262004 Chg-LP CR2E003 (10/03)			
City & State		City & State		4. FEI Number 65-0510052	Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent			7, Name and Address of New Ro	<u> </u>	
HARKINS, GLENN B JR. 114 FOREST HILL BLVD. WEST PALM BEACH, FL 33405				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL Zip Code		
	named entity submits this statement ions of registered agent.	for the purpose of changi	ng its register	red office or registe	ered agent, or both, in the State of Flor	rida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable				DATE	
9. Capital Co as Shown	on record. \$1,261,184.00	10. Amount of in FLORIDA	Capital Contri A to date	butions 1,261;1	84 00		
<u> </u>			SENIIIYN	AUST BE REGIS	TERED AND ACTIVE WITH THI nt must be filed to change a ge		
12.		IER INFORMATION	13.		ADDRESS CHA		
DOCUMENT #				EET ADDRESS			
NAME STREET ADDRESS CITY+ST-ZIP	HARKINS, GLENN B JR.   114 FOREST HILL BLVD.   WEST PALM BEACH, FL 33405		CIT	r-ST-ZIP			
DOCUMENT #	HARKINS, JEANNE C			EET ADDRESS	t Mineralia	HEONEO	
STREET ADDRESS CITY-ST-ZIP	1		CiT	Y-ST-ZIP	<u> </u>		
DOCUMENT # NAME			STR	EET ADORESS			
STREET ADDRESS CITY - ST - ZIP			CIT	Y-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS			
CITY-ST-ZIP			City	Y-ST-ZIP			
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DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS City-ST-ZIP			Cin	r-SI-ZIP			
14. I hereby indicated the receiv	certify that the information supplied videnthis report is true and accurate a verior trustee empowered to execute	vith this filing does not qua nd that my signature shall this report as regarded by	dify for the exe have the sam Chapter 620,	emption stated in S ne legal effect as if Florida Statutes	ection 119.07(3)(i), Florida Statutes. I made under oath, that I am a General	further certify that the information Partner of the limited partnership of	