## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURI

## Feb 02, 2005 08:00 AM DOCUMENT # A94000001174 **Secretary of State** 1. Entity Name HARKINS LTD. Principal Place of Business Mailing Address 114 FOREST HILL BLVD. 114 FOREST HILL BLVD. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0510052 Not Applicable Zìo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARKINS, GLENN B JR. 114 FOREST HILL BLVD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,261,184.00 as Shown on record in FLORIDA to date 8 /, 261 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 ADDHESE CHANGESTONLY 02/02/05-80035-010 526.25 DOCUMENT # STREET ADDRESS 网络 HARKINS, GLENN B JR. STREET ADDRESS 114 FOREST HILL BLVD. CITY-ST-ZIP CITY - ST - ZIP WEST PALM BEACH FL 33405 DOCUMENT A STREET ADDRESS MAME HARKINS, JEANNE C CIRCLI ADDRESS 114 FOREST HILL BLVD. CITY-ST-ZIP CHY-SI-AP WEST PALM BEACH FL 33405 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-7P CITY- \$1 - ZIF DOCUMENT / STREET ADDRESS STREET ADDRESS CHY-ST-7P ัยเท<sub>ี</sub>รป*โ*ล DOCUMENTA STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-702 14. I hereby certify that the information supplied with this filling 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 supportered to execute this report as fedured by Chapter 620, Florida Statutes

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