



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001433 1. Entity Name HARDULA S.C. COMPANY, LTD.					
Principal Place of Business C/O SOUTHERN MANAGEMENT & DEV, L.P. 5410 HOMBERG DR KNOXVILLE, TN 37919			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02202004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3584584	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record. \$7,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # P94000078687 NAME WAULEE CORPORATION STREET ADDRESS 550 MAMARONECK AVENUE, SUITE 404 CITY-ST- ZIP HARRISON, NY 10528			STREET ADDRESS CITY-ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP			STREET ADDRESS CITY-ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP			STREET ADDRESS CITY-ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP			STREET ADDRESS CITY-ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP			STREET ADDRESS CITY-ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP			STREET ADDRESS CITY-ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP			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: <u>Bernard H. Kayden, President</u> February 23 2004 (865) 584-4175					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE