


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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001675</b> 1. Entity Name <b>HAILE NORTH, LTD.</b>					
Principal Place of Business <b>5300 SW 91ST TERR. GAINSVILLE FL 32608</b>			Mailing Address <b>5300 SW 91ST TERR. GAINSVILLE FL 32608</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
6. Name and Address of Current Registered Agent  <b>ROWE, ROBERT R 5300 SW 91ST TERRACE GAINSVILLE FL 32608</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$1,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000089345		STREET ADDRESS	U00000133648	
NAME	HAILE NORTH MANAGEMENT, INC.		CITY-ST-ZIP	04/27/04-80037-004 150.00	
STREET ADDRESS	5300 SW 91ST TERR.		STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32608		CITY-ST-ZIP		
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MOORE CR2E003 (11/03)

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:** *Robert R. Rowe*      **ROBERT R. ROWE**      4-19-04      352/335-7846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE