


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

DOCUMENT # A95000000050	
1. Entity Name HAIDT LIMITED PARTNERSHIP	

Principal Place of Business 3060 WESTGATE AVE. WEST PALM BEACH 34 33409	Mailing Address 3060 WESTGATE AVE. WEST PALM BEACH 34 33409
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 65-0630416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENRY, THORNTON M ESQ JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401
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7. Name and Address of New Registered Agent Name Jones Foster Service, LLC Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive, Suite 1100 City West Palm Beach FL Zip Code 33401

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 <u><i>[Signature]</i></u> , Manager DATE 4-8-04

9. Capital Contributions as Shown on record. \$1,772,800.00	10. Amount of Capital Contributions in FLORIDA to date. 1,772,800.00	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 #		STREET ADDRESS	
NAME	HAIDT, FLORA BELLE	CITY-ST-ZIP	800034490088
STREET ADDRESS	1213 SUWANEE DRIVE		04/28/04--01071--026 **526.25
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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><i>[Signature]</i></u> (FLORA Belle Haidt) 2/24/04 (561) 683-3186	Date	Daytime Phone #
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