


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

DOCUMENT # A95000000211		
1. Entity Name HAVERLOCK FAMILY, LTD.		

Principal Place of Business 3003 S.W. 28TH STREET OKEECHOBEE, FL 34974 US	Mailing Address P.O. BOX 759 OKEECHOBEE, FL 34973 US
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2. Principal Place of Business 309 SW 15TH ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Okeechobee FL	City & State
Zip 34974	Country USA



02052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3298405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAVERLOCK, FAYE A 309 SW 15TH STREET OKEECHOBEE, FL 34974	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$525,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	HAVERLOCK, FAYE A TRUSTEE	STREET ADDRESS	
NAME	309 SW 15TH ST.	CITY-ST-ZIP	
STREET ADDRESS	OKEECHOBEE, FL 34974		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300031852883
NAME		CITY-ST-ZIP	04/06/04--01020--019 **535.00
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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: *Faye A. Haverlock* **3-10-04** **863-763-2226**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE