


2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS 526.25

04 APR 12 AM 10:38

DOCUMENT # A95000000448	
1. Entity Name FOUR PARTNERS GROUP LIMITED PARTNERSHIP	

Principal Place of Business % A.C.S. HAGEN, INC. 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483	Mailing Address % A.C.S. HAGEN, INC. 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483
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2. Principal Place of Business % A.C.S. Hagen, Inc. Suite, Apt. #, etc. 4600 N. Ocean Blvd., #206	3. Mailing Address % A.C.S. Hagen, Inc. Suite, Apt. #, etc. 4600 N. Ocean Blvd., #206
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City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33435	Country USA

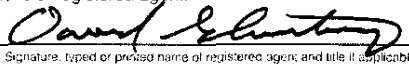


01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3375209	Applied For 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 A.C.S. HAGEN, INC. % CHOPIN ARMSTRONG & BALLERANO 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name A.C.S. Hagen, Inc. Street Address (P.O. Box Number is Not Acceptable) % David G. Armstrong 4600 N. Ocean Blvd., #206 City Boynton Beach, FL Zip Code 33435
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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

9. Capital Contributions as Shown on record. \$1,156,319.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000006910 A.C.S. HAGEN, INC. 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483	STREET ADDRESS CITY-ST-ZIP	4600 N. Ocean Blvd., #206 Boynton Beach, FL 33435
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 	DATE: 4/5/04	DAYTIME PHONE: 561-276-1008
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STAPLE CHECK HERE