

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


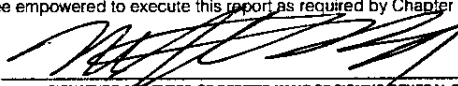
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



01272004 Chg-LP CR2E003 (10/03)

DOCUMENT # A95000001052					
1. Entity Name HOULE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 531 COMMERCE DRIVE LARGO, FL 33770			Mailing Address P.O. BOX 838 LARGO, FL 33779-0838		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-7053656	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOULE, WILLIAM J JR. 531 COMMERCE DRIVE LARGO, FL 34649			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$99.00			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 #	NAME		STREET ADDRESS		
NAME	HOULE, WILLIAM J JR.		CITY-ST-ZIP	300027918889	
STREET ADDRESS	531 COMMERCE DRIVE			01/30/04-01029-001 **141.25	
CITY-ST-ZIP	LARGO, FL 33770		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
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CITY-ST-ZIP			STREET ADDRESS		
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: 			1/26/04 727-584-8684		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
William J. Houle, Jr.					

STAPLE CHECK HERE