


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

DOCUMENT # A95000001535 1. Entity Name HODGE INVESTMENTS, LTD.		
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 18 PM 3:44

Principal Place of Business 13009 S. HWY. 475 OCALA FL 34480	Mailing Address 13009 S. HWY. 475 OCALA FL 34480
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MOORE CR2E003 (11/03)

2. Principal Place of Business 1303 SE 59th St	3. Mailing Address 1303 SE 59th St
Suite, Apt. #, etc. 0	Suite, Apt. #, etc.
City & State OCALA FL	City & State OCALA FL
Zip 34480	Country USA

4. FEI Number 59-3341686	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 NOWICKI, MARK J 14155 U.S. HIGHWAY ONE, SUITE 302 JUNO BEACH FL	
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7. Name and Address of New Registered Agent	
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 _____
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9. Capital Contributions as Shown on record. \$2,263,993.00	10. Amount of Capital Contributions in FLORIDA to date.	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 # P95000076114	NAME HODGE FAMILY PROPERTY MANAGEMENT INC.	STREET ADDRESS 1303 SE 59th St	
STREET ADDRESS 13009 S. HIGHWAY 475		CITY - ST - ZIP OCALA FLA 34480	
CITY - ST - ZIP OCALA FL 34480			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

100 Hodge Pres. Gen Partner 2/14/04
352 269-3128