

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 APR 30 PM 12:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A96000000105

1. Entity Name
 HOPS OF BOWLING GREEN, LTD.



Principal Place of Business
 HANCOCK @ WASHINGTON
 MADISON, GA 30550

Mailing Address
 HANCOCK @ WASHINGTON
 MADISON, GA 30550

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3354830

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$25,000.00**

\$263.75

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

DOCUMENT #	P95000086645
NAME	HOPS OF THE OHIO VALLEY, INC.
STREET ADDRESS	HANCOCK @ WASHINGTON
CITY - ST - ZIP	MADISON, GA 30650
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	500036281175
STREET ADDRESS	05/14/04--01005--001 **12171.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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:  **Percy Williams** 4/20/04 (706) 343-2092

DATE: _____ DAYTIME PHONE #: _____