

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001079	
1. Entity Name HARTMAN CAPITAL INVESTMENTS, LTD.	



Principal Place of Business 9439 FOREST CITY RD. ALTAMONTE SPRINGS, FL 32714-1512	Mailing Address 9439 FOREST CITY RD. ALTAMONTE SPRINGS, FL 32714-1512
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2. Principal Place of Business 9439 FOREST CITY COVE Suite, Apt. #, etc. SUITE 3 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA	3. Mailing Address 9439 FOREST CITY COVE Suite, Apt. #, etc. SUITE 3 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA
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04192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3390117	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 HARTMAN, JAMES A 9439 FOREST CITY ROAD ALTAMONTE SPRINGS, FL 32714	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$150,000.00	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 #	HARTMAN, JAMES A	STREET ADDRESS	9439 FOREST CITY COVE, SUITE 3
STREET ADDRESS	9439 FOREST CITY RD.	CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714-1512		
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	500036487685
STREET ADDRESS		CITY - ST - ZIP	05/17/04--01015--014 **526.25
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STAPLE CHECK HERE

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: _____	4-20-04	907-445-7235
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>