

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 19 PM 3:19

DOCUMENT # A9600001721
1. Entity Name
THE HARRY M. MALONE FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 9950 N.W. 116TH WAY, MEDLEY FL 33178
Mailing Address: 9950 N.W. 116TH WAY, MEDLEY FL 33178



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____

4. FEI Number: 65-0780315
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**MALONE, HARRY M
9950 N.W. 116TH WAY
MEDLEY FL 33178**

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: \$300,000.00

10. Amount of Capital Contributions in FLORIDA to date: 10000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	
NAME	MALONE, HARRY M
STREET ADDRESS	9950 N.W. 116TH WAY
CITY-ST-ZIP	MEDLEY FL 33178
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200031827792 U4705704--01037--011 **158.75
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: Harry M. Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/04 305-863-0400
Date Daytime Phone #