


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A9600002068

1. Entity Name
HALLIDAY LANE FAMILY PARTNERSHIP, LTD.



Principal Place of Business
4021 HALLIDAY LANE
JACKSONVILLE, FL 32207

Mailing Address
4021 HALLIDAY LANE
JACKSONVILLE, FL 32207



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04162004 Chg-LP CR2E003 (10/03)

City & State
Zip

City & State
Country

4. FEI Number
59-3422022

Applied For
Not Applicable

City & State
Zip

City & State
Country

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

City & State
Zip

City & State
Country

6. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET, SUITE 3100
JACKSONVILLE, FL 32202

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. **\$2,988,800.00**

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 CITY - ST - ZIP	P96000091602 BAILEY ENTERPRISES OF NORTH FLORIDA, INC. 4021 HALLIDAY LANE JACKSONVILLE, FL 32207	STREET ADDRESS CITY - ST - ZIP	
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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: *Sharon B. [Signature]* **4/30/2004 720-497-8314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #