


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000259 1. Entity Name HOWARD PARK, LTD.		
Principal Place of Business 1615 N.W. FIRST AVENUE FLORIDA CITY, FL 33034		

Mailing Address 1615 N.W. FIRST AVENUE FLORIDA CITY, FL 33034	
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0799747	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CLAYTON, LOVEY 1615 NW FIRST AVENUE FLORIDA CITY, FL 33034	

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. \$710,361.00	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 #	CLAYTON, LOVEY	STREET ADDRESS	
NAME	1615 NW FIRST AVENUE	CITY-ST-ZIP	
STREET ADDRESS	FLORIDA CITY, FL 33034		
CITY-ST-ZIP			
DOCUMENT #	CLAYTON, DAVID	STREET ADDRESS	
NAME	1615 NW FIRST AVENUE	CITY-ST-ZIP	
STREET ADDRESS	FLORIDA CITY, FL 33034		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/03/04-80081-010 535.00

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: James Clayton - LOVEY Clayton 3/30/04 303 248 2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #