

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

**DOCUMENT # A97000000771**

1. Entity Name  
**HAISFIELD INVESTMENT PARTNERSHIP, LTD.**



Principal Place of Business  
**324 ROYAL PALM WAY, STE. 231  
PALM BEACH, FL 33480**

Mailing Address  
**P.O. BOX 2771  
PALM BEACH, FL 33480**

**FILED**

**04 APR 29 PM 12:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**02252004 Chg-LP CR2E003 (10/03)**

4. FEI Number  
**65-0747656**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAISFIELD, MARC  
324 ROYAL PALM WAY, STE. 231  
PALM BEACH, FL 33480**

**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

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

DATE

9. Capital Contributions  
as Shown on record. **\$10.00**

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 # **P97000030736**  
NAME **INSIGHT VENTURES, INC.**  
STREET ADDRESS **324 ROYAL PALM WAY, STE. 231**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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**600035840796  
05/10/04--01125--015 #291.25**

*Handwritten signature*

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:**

*Handwritten signature: Marc Haisfield VP of GP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Handwritten date: 4/27/04*  
Date

*Handwritten phone number: 5616552829*  
Daytime Phone #

STAPLE CHECK HERE