


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

**FILED**  
**Apr 14, 2004 8:00 A**  
**Secretary of State**


DOCUMENT # A97000001208	
1. Entity Name HRD1, LTD.	

Principal Place of Business 1321 EDGEWATER DR., STE. #6 ORLANDO, FL 32804	Mailing Address P.O. BOX 1133 ORLANDO, FL 32802-1133
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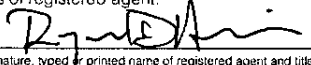
2. Principal Place of Business 822 W. CENTRAL BLVD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State
Zip 32805	Country USA

6. Name and Address of Current Registered Agent	
HARRISON, RAYMOND D 1321 EDGEWATER DR. SUITE 6 ORLANDO, FL 32804	

	
01052004 Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3433765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
822 W. CENTRAL BLVD	
City ORLANDO	FL Zip Code 32805

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  RAYMOND D. HARRISON	DATE 1/5/04

9. Capital Contributions as Shown on record. \$285,000.00	10. Amount of Capital Contributions in FLORIDA to date. 285,000.00
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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 #	HARRISON, RAYMOND D	STREET ADDRESS	822 W. CENTRAL BLVD
NAME	1321 EDGEWATER DR., STE. #6	CITY-ST-ZIP	ORLANDO, FL 32805
STREET ADDRESS	ORLANDO, FL 32804		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300034388733
STREET ADDRESS			04/28/04--01025--003 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  RAYMOND D. HARRISON	DATE 1/5/04	DAYTIME PHONE # 407 422 4467
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