2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A97000001435

1. Entity Name
HAMMESFAHR LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
600 DRUID ROAD EAST CLEARWATER, FL 33756	600 DRUID ROAD EAST CLEARWATER, FL 33756

04262004   Chg-LP   CR2E003 (10/03)

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

4. FEI Number
59-3460106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMMESFAHR, WILLIAM 600 DRUID ROAD CLEARWATER, FL 34616	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. **$3,000,000.00**	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	HAMMESFAHR, WILLIAM M TRUSTEE 600 DRUID ROAD EAST CLEARWATER, FL 33756	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HAMMESFAHR, GINA P TRUSTEE 600 DRUID ROAD EAST CLEARWATER, FL 33756	STREET ADDRESS CITY-ST-ZIP	U00000162417 06/10/04--80003-024 535.00
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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: _Gina Pregean Hammesfahr_   4/26/04   727-461-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE