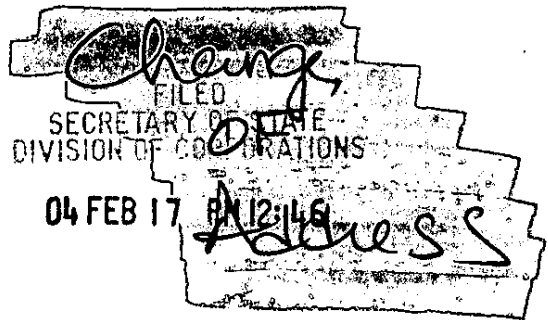


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0771182** ☒ 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**

HEAD, THOMAS A  
 2650 N.W. 23RD WAY  
 BOCA RATON, FL 33431

**3701 FAU Boulevard, Suite 205**  
**Boca Raton, FL 33431**

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. **\$10,000.00**

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 # **P97000058789**  
 NAME **HRM DEVELOPMENT CORP.**  
 STREET ADDRESS **2650 N.W. 23RD WAY**  
 CITY-ST-ZIP **BOCA RATON, FL 33431**

STREET ADDRESS **3701 FAU Boulevard, Suite 205**  
 CITY-ST-ZIP **Boca Raton, FL 33431**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**Thomas A. Head 1/26/04 561-347-6915**