

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB 23 AM 9:01

<b>DOCUMENT # A97000001662</b> 1. Entity Name WADSWORTH & HUFF INVESTMENTS, LTD.					
Principal Place of Business 1040 E. PARK AVENUE TALLAHASSEE, FL 32301			Mailing Address 1040 E. PARK AVENUE TALLAHASSEE, FL 32301		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3459849	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  WADSWORTH, JAMES B JR. 1040 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WADSWORTH, JAMES B JR.		CITY-ST-ZIP		
STREET ADDRESS	1426 CONSTITUTION PLACE EAST				
CITY-ST-ZIP	TALLAHASSEE, FL 32308				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HUFF, HOWARD C		CITY-ST-ZIP		
STREET ADDRESS	405 HILLCREST STREET				
CITY-ST-ZIP	TALLAHASSEE, FL 32301				
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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					
<b>SIGNATURE:</b> <u>James B. Wadsworth Jr</u> <u>2-20-05</u> <u>850-224-3129</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

*Handwritten initials*



01112004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3459849 Applied For Not Applicable

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

FL Zip Code

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