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

## Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # A97000002397 Entity Name HR STARKEY LIMITED Principal Place of Business Mailing Address 15500 ROOSEVELT BLVD., STE. 303 15500 ROOSEVELT BLVD., STE. 303 CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 01092004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3475055 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYDON, ROGERS K JR. 15500 ROOSEVELT BLVD., STE. 303 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33760 City Zip Code FL 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 Typen or printed name of registered agent and fille if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 as Shown on record 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 ADDRESS CHANGES ONLY P97000077549 DOCUMENT # STREET ADDRESS HR BAYSIDE OFFICE, INC. NAME STREET ADDRESS 15500 ROOSEVELT BLVD., STE. 303 CITY-ST-ZIP City-St-7l2 CLEARWATER, FL 33760 DOCHMENT # STREET ADDRESS NAME <del>U05000157032</del> STREET ADDRESS CITY-ST-ZIP 05/06/04-80010-003 141.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME

14. I neceby 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 trusted employed to execute this report as required by Chapter 620, Florida Statutes.

CHY-\$1-ZIP

CITY-ST-ZIP

STREET ADDRESS.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-7IP

NAME STREET ADDRESS

NATURE AND TYPED OR FUTED NAME OF SIGNING GENERAL PARTNER

FILED