

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000031141 1. Entity Name HERMANSEN VENTURE PARTNERSHIP, LTD.	
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Principal Place of Business C/O BJORNAR K. HERMANSEN 205 HACIENDA DRIVE MERRITT ISLAND FL 32952	Mailing Address C/O BJORNAR K. HERMANSEN 205 HACIENDA DRIVE MERRITT ISLAND FL 32952
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3505207	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NASH, CHARLES IAN 930 SOUTH HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$365,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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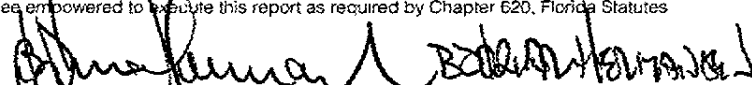
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000034375	STREET ADDRESS	
NAME	HERMANSEN FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	205 HACIENDA DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date: 3/21-04	Daytime Phone #: 321-4592110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		