2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A98000001847			- FIL	ED	
1. Entity Name HOUGHTON-WAGMAN PARTNERSHIP, LTD.			04 MAR 17		
1219 DARLINGTON OAK CIRCLE N.E. 1	ailing Address 219 Darlington Oak Circle T. Petersburg, FL 33703	E N.E.	SEGAETAR TALLAHASS	Y OF STATE CE FLORIDA	Mijj
2. Principal Place of Business 3637 4th Street N. 3. Mailing Address 3637 4th Street N. Suite Ant # etc.		et N.			
Suite, Apt. #, etc. Swife 395	Suite, Apt. #, et 395		02232004 Chg-LP	CR2E003 (10/03)	21
stipetersburg FL stipetersburg			4. FEI Number 59-3531077		ed Forl pplicable
33.7.04 WS 3	33704 CU	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required	nal
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name					
HOUGHTON, BETH A 1219 DARLINGTON OAK CIRCLE N.E. ST. PETERSBURG, FL 33703		Street Address (13657 Suite	P.O. Box Number is Not Acceptable HT STYPET A	9),	
The above named entity submits this statement for the re-	nurnose of changing its registers	St. Pe	tersburg	FL Zip 33	7 <u>0</u> 4
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 little if applicable. DATE					
9. Capital Contributions as Shown on record. \$1,000,000.00 in FLORIDA to date.), 000, 000.00					
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					
12. GENERAL PARTNER INFORMATION DOCUMENT # P98000065654		EET ADDRESS 21	ADDRESS CH	ANGES ONLY	200
NAME HOUGHTON-WAGMAN ENTERPRISES, INC. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33703		'-ST-ZIP S+	.Petersburg	FL 337	04
DDCUMENT ≠ NAME	STRE	EET ADDRESS	V		
STREET ADDRESS CITY-ST-ZIP	CITY	-ST-ZIP	900031		
DOCUMENT # NAME		EET ADDRESS	04/06/040102		25
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STREAT ADDRESS CITY 3-1-ZIP	. СПУ-	'-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 629 Florida Statutes					
SIGNATURE: Signature With Type Of Printed Name of Signature Wagner 23/04 822-7212					
General Partner					