

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**


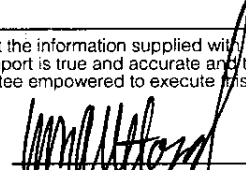
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

DOCUMENT # A98000002248					
1. Entity Name THE HAGGARD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 330 ALHAMBRA CIRCLE CORAL GABLES FL 33134			Mailing Address 330 ALHAMBRA CIRCLE CORAL GABLES FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0864750	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGGARD, WILLIAM A ESQ. 330 ALHAMBRA CIRCLE CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.				11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$7,500,000.00		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 #	NAME		STREET ADDRESS	526 25	
NAME	HAGGARD, MARJORIE T TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	4301 SANTA MARIA STREET				
CITY-ST-ZIP	CORAL GABLES FL 33146				
DOCUMENT #	NAME		STREET ADDRESS	200839949262	
NAME	HAGGARD, WILLIAM A		CITY-ST-ZIP	08/06/04--01040--012 **526.25	
STREET ADDRESS	330 ALHAMBRA CIRCLE				
CITY-ST-ZIP	CORAL GABLES FL 33134				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HOLDCRAFT, PATRICIA H		CITY-ST-ZIP		
STREET ADDRESS	6501 S.W. 106TH STREET				
CITY-ST-ZIP	MIAMI FL 33156				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			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