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

## APPRUYEL AND FILED

DOCUMENT # A98000002593



04 APR -8 PM 3:03

1. Entity Name HOLLY INVESTMENTS, LTD.							SECRETARY OF STATE TALL AHASSEE, FLORIDA				
Principal Place of Business 1321 EDGEWATER DRIVE, SUITE 6 ORLANDO, FL 32804			P.0	Mailing Address P.O. BOX 536785 ORLANDO, FL 32853-6785							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Su	ite, Apt. #, etc.		01082004	Chg-LP	CR2E003	3 (10/03)		
City & State			Cir	ty & State		4. FEI Number         Applied For           59-3543632         Not Applicable					
Zip	Country		Zip	Zip Coun		try	Fee Req			8.75 Additional e Required	
6. Name and Addross of Current Registered Agent						7 Name and Address of New Registered Agent					
BANKSTON, JAMES W 1321 EDGEWATER DRIVE, SUITE 6 ORLANDO, FL 32804						Name Street Address (P.O. Box Number is Not Acceptable)					
<u>.</u>						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.											
SIGNATURE Signature, typed or printed name of registered agent and title If applicable.											
9. Capital Contributions as Shown on record. \$10,000.00 In FLORIDA to date.						outions					
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	P98000064182 J-CAR INC.				STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				rE 6		-ST-ZIP					
DOCUMENT #					STRE	ET ADDRESS	3000329 <b>76</b> 833 04/16/0401065023 **158.75				
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STREET ADLINESS					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 empayered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

James W. Bankston

4/1/04

407-650-8802

Daytime Phone #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER