

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 JUN -8 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000034

1. Entity Name
THE HOLY GROUND FAMILY LIMITED PARTNERSHIP



Principal Place of Business
HC4 BOX 963
OLD TOWN, FL 32680

Mailing Address
P.O. BOX 607
OLD TOWN, FL 32680



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
252 NE, 545th Ave

Suite, Apt. #, etc.

City & State
Old Town FL

City & State

Zip
32680

Country
USA

Zip

Country

03032004

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-3620441

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLEOD, KIM
HC4 BOX 963
OLD TOWN, FL 32680

7. Name and Address of New Registered Agent

Name Macleod - Kim
Street Address (P.O. Box Number is Not Acceptable)
252 NE, 545th Ave
City Old Town FL Zip Code 32680

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 Kim Macleod DATE 03/03/04

9. Capital Contributions as Shown on record. \$1,000.00

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
CITY-ST-ZIP
MACLEOD, DONALD D
PO BOX 607
OLD TOWN, FL

STREET ADDRESS
CITY-ST-ZIP
300037839223
06/10/04--01008--016 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MACLEOD, KIM M
PO BOX 607
OLD TOWN, FL

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
[Illegible]

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: Kim Macleod DATE 03/03/04 DAYTIME PHONE # 352-281-7993

STAPLE CHECK HERE