


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000321	
1. Entity Name HAKEEM INVESTMENTS FLORIDA, LLLP	

Principal Place of Business 1601 WEST REYNOLDS STREET, SUITE 201 PLANT CITY, FL 33567	Mailing Address 1601 WEST REYNOLDS STREET, SUITE 201 PLANT CITY, FL 33567
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01112005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3597583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAKEEM, MOHAMMAD K M.D. 1601 WEST REYNOLDS STREET, SUITE 201 PLANT CITY, FL 33567	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	P99000019178	STREET ADDRESS	
NAME	HAKEEM KHAN, INC.	CITY-ST-ZIP	
STREET ADDRESS	1601 WEST REYNOLDS STREET, SUITE 201		
CITY-ST-ZIP	PLANT CITY, FL 33567		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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: <u>MOHAMMAD K HAKEEM</u> <u>MOHAMMAD K HAKEEM</u> (for LLLP) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: <u>Jan 11, 2005</u> <small>Daytime Phone #</small>
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