

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 APR 27 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

DOCUMENT # A99000000609

1. Entity Name
 E HOLDINGS, LTD.




Principal Place of Business Mailing Address
 10441 ALTA ROAD 10441 ALTA ROAD
 JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02022004 Chg-LP CR2E003 (10/03) 4/27

4. FEI Number Applied For
 59-3570737 Not Applicable

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

6. Name and Address of Current Registered Agent

HAKIMAIN, BENJAMIN S
 10441 ALTA ROAD
 JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50,000.00 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 #	L99000002088	STREET ADDRESS	
NAME	E HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	10441 ALTA ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		
DOCUMENT #		STREET ADDRESS	600036194616
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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: _____ **4-26-2004** Date Daytime Phone #

STAPLE CHECK HERE