2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -1 AM 10: 00

MOORE CR2E003 (11/03)

DOCUMENT # A99000001282

1. Entity Name
HALE FAMILY 1999 LIMITED PARTNERSHIP

Principal Place of Business
9250 US ROUTE 1
WABASSO FL 32970

Mailing Address
PO BOX 700217
WABASSCO FL 32970

2. Principal Place of Business	3. Mailing Address c/o Susan B. Hale
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 700217
City & State	City & State Wabasso, FL
Zip / Country	Zip 32970 / Country USA

4. FEI Number 65-0944141 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33402-3475

7. Name and Address of New Registered Agent

Name Susan Hale, c/o Hale Groves
Street Address (P.O. Box Number is Not Acceptable) 9255 US Hwy #1
City Wabasso FL Zip Code 32970

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 Susan B. Hale Susan B Hale 3-1-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P99000056301	STREET ADDRESS	
NAME	M&S HALE, INC.		
STREET ADDRESS	P.O. BOX 700217	CITY-ST-ZIP	900032742079 04/14/04 01042 004 **526.25
CITY-ST-ZIP	WABASSO FL 32970		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: 4/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #