

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

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000002075				
1. Entity Name 2401 KENNEDY LIMITED				
Principal Place of Business 2515 SIMMS BLVD. TAMPA, FL 33609		Mailing Address 2515 SIMMS BLVD. TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
HINES, JAMES P ESQUIRE 315 SO. HYDE PARK TAMPA, FL 33609				Name
				Street Address (P.O. Box Number is Not Acceptable)
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 683,573		
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 #	G99343900230	STREET ADDRESS		
NAME	2401 KENNEDY IRREVOCABLE TRUST	CITY-ST-ZIP		
STREET ADDRESS	2515 SIMMS BLVD.		1100000095703 03/24/04-80045-009 526.25	
CITY-ST-ZIP	TAMPA, FL 33609			
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CITY-ST-ZIP				



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4. FEI Number 59-3610278 Applied For Not Applicable

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

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)(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: *Anthony C. Martino* Anthony C. Martino 3/11/04
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 3/11/04 Daytime Phone # 8138765.

Corinne Martino Corinne Martino