


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

DOCUMENT # B03000000176		
1. Entity Name R.M. HALL FAMILY, L.P.		

Principal Place of Business 2400 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312	Mailing Address 2400 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312
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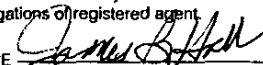
2. Principal Place of Business		3. Mailing Address 3600 NE 22 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale, FL	
Zip	Country	Zip	Country
		33308	USA



02212004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0651294		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, JAMES B 2400 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name HALL, James B. Street Address (P.O. Box Number is Not Acceptable) 3600 N.E. 22 Ave. City Fort Lauderdale FL Zip Code 33308	
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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 	DATE 4/15/04

9. Capital Contributions as Shown on record. \$10,000.00	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 #	HALL, ROBERT M	STREET ADDRESS	
NAME	4334 VAL NORTH DRIVE	CITY-ST-ZIP	700035820077
STREET ADDRESS	VALDOSTA, GA 31602		05/10/04-01071-013 **150.75
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  R.M. Hall II 4/15/04 229-293-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE