

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

DOCUMENT # B03000000431

1. Entity Name

HAPPY T LIMITED PARTNERSHIP



FILED

04 MAR 17 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MM



MOORE

CR2E003 (11/03)

3/17

2. Principal Place of Business

1508 86<sup>th</sup> CT NW  
Suite, Apt. #, etc.

3. Mailing Address

1508 86<sup>th</sup> CT NW  
Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34209

Country

USA

City & State

Bradenton, FL

Zip

34209

Country

USA

4. FEI Number

88-0478300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TINNELL, LAURIE L  
3920 MARINERS WAY, #322  
CORTEZ FL 34215

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1508 86<sup>th</sup> CT NW

City

Bradenton

FL

Zip Code

34209

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

*Laurie L. Tinnell*

3-4-04

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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

DOCUMENT # F03000006274  
NAME SEABREEZE MANAGEMENT CORPORATION  
STREET ADDRESS 3920 MARINERS WAY, #322  
CITY-ST-ZIP CORTEZ FL 34215

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1508 86<sup>th</sup> CT NW

CITY-ST-ZIP

Bradenton, FL 34209

STREET ADDRESS

CITY-ST-ZIP

7000031856037

STREET ADDRESS

04/06/04--01014--012 \*\*141.25

CITY-ST-ZIP

DOCUMENT #

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CITY-ST-ZIP

STREET ADDRESS

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:

*Laurie L. Tinnell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Laurie L. Tinnell* 3-4-04 941-792-2933  
Date Daytime Phone #