

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

FILED
SECRETARY OF STATE
CORPORATIONS
04 APR -6 AM 10:44



DOCUMENT # B97000000498

1. Entity Name
WHITNEY LABS, L.P.

Principal Place of Business: **1095 N. US HWY. 1, SUITE 1,2 ORMOND BEACH FL 32174**
Mailing Address: **1095 N. US HWY. 1, SUITE 1,2 ORMOND BEACH FL 32174**

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

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E003 (11/03)

4. FEI Number: **58-2341211** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**GALLAGHER, T. MARK
7061 GRAND NATIONAL DR., SUITE 148
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name: **T. MARK GALLAGHER**
Street Address (P.O. Box Number is Not Acceptable): **14050 SOUTH TOWN LOOP BLVD.
SUITE 204**
City: **ORLANDO** FL Zip Code: **32837**

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: *T. Mark Gallagher* DATE: **3/31/04**

9. Capital Contributions as Shown on record: **\$8,487,558.00**
10. Amount of Capital Contributions in FLORIDA to date: **8,487,558**

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 # NAME STREET ADDRESS CITY-ST-ZIP	B97000000489 COLONIAL GP, L.P. 70 MAIN STREET NEW CANAAN CT 06840	STREET ADDRESS CITY-ST-ZIP	000032974130 01/15/04 01062 010 **535.00
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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: *Mark Kozal* **MARK KOZAL** DATE: **4/2/04** DAYTIME PHONE #: **203-966-7447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #