
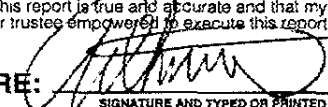


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B98000000564</b>			
1. Entity Name <b>HERNDON ASSOCIATES LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>4141 NORTH HENDERSON ROAD, SUITE 8 ARLINGTON, VA 22203</b>		Mailing Address <b>4141 NORTH HENDERSON ROAD, SUITE 8 ARLINGTON, VA 22203</b>	
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	
<b>WALTERS, ARTHUR L III 13985 75TH AVE N SEMINOLE, FL 34646</b>		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. <b>\$400,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>400,000.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>F98000005248</b>	STREET ADDRESS	
NAME	<b>117 CORP.</b>	CITY - ST - ZIP	<b>000000004102</b>
STREET ADDRESS	<b>4141 NORTH HENDERSON ROAD, SUITE 8</b>		<b>01/14/04-80015-004 526.25</b>
CITY - ST - ZIP	<b>ARLINGTON, VA 22203</b>		
DOCUMENT #		STREET ADDRESS	
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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			
<b>SIGNATURE:</b> 		<b>Arthur L. Walters, President</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>117 CORP.</b>		Date	<b>1/6/2004</b>

STAPLE CHECK HERE