2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016454

City-St-Zip:

Entity Name: HAINES CITY PARTNERS, LLC

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2900 JIM REDMAN PKWY 35399 HWY 27 PLANT CITY, FL 33566 HAINES CITY, FL 33844 **Current Mailing Address: New Mailing Address:** PO BOX 548 35399 HWY 27 PLANT CITY, FL 33564 HAINES CITY, FL 33844 FEI Number: 11-3691276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATHER, WILLIAM F 2900 JIM REDMAN PKWY PLANT CITY, FL 33566 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Delete () Change (X) Addition MATHER, WILLIAM F PRES Name: Name: Address: Address: 3201 POLO PLACE City-St-Zip: City-St-Zip: PLANT CITY, FL 33566 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: BUTZIN, JEFFERY K VP Address: Address: 2922 BAYSHORE VISTA DR City-St-Zip: City-St-Zip: TAMPA, FL 33611 Title: () Delete Title: MGR () Change (X) Addition LOTT, RICK A SEC/TRE Name: Name: 3200 POLO PLACE Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33566 Title: () Delete Title: MGR () Change (X) Addition Name: Name: STROUPE, NILA G ASST SE 1604 ROBINSON DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

HAINES CITY, FL 33844

SIGNATURE: JEFFERY K. BUTZIN VP 04/27/2004