


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000238					
1. Entity Name SHAH FAMILY OF CENTRAL FLORIDA, LTD.					
Principal Place of Business 4918 SAINT CROIX DRIVE TAMPA FL 33629			Mailing Address 4918 SAINT CROIX DRIVE TAMPA FL 33629		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3700752	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, CHUNILAL P 4918 SAINT CROIX DRIVE TAMPA FL 33629			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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.		\$250,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>					
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		
	CHUNILAL P. SHAH AND KANTA C. SHAH CO-TRUS				
	STREET ADDRESS		CITY-ST-ZIP		
	4918 SAINT CROIX DRIVE				
	CITY-ST-ZIP				
	TAMPA FL 33629				
DOCUMENT #	NAME		STREET ADDRESS		
	KANTA C. SHAH AND CHUNILAL P. SHAH CO-TRUS				
	STREET ADDRESS		CITY-ST-ZIP		
	4918 SAINT CROIX DRIVE				
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	CITY-ST-ZIP				



MOORE CR2E003 (4/04)

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: Shah C.P. SHAH **Aug 2, 04** **727-726-1646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #