

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


FILED

2004 APR 21 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A0200000987**

1. Entity Name  
**P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD**



Principal Place of Business      Mailing Address  
**830-13 A1A N.  
PONTE VEDRA BEACH FL 32082**      **830-13 A1A N.  
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business      3. Mailing Address  
**1372 Beach Blvd**      **1372 Beach Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jacksonville Bch, FL**      **Jacksonville Bch, FL ~~32082~~**

Zip      Country      Zip      Country  
**32250**      **USA**      **32250**      **USA**

4. FEI Number      Applied For  
**01-0738383**       Not Applicable

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



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent

**BARNARD, SUNNY A  
1206 PONTE VEDRA BLVD.  
PONTE VEDRA BEACH FL 32082**

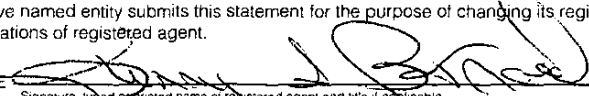
7. Name and Address of New Registered Agent

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 **4/18/04**

9. Capital Contributions as Shown on record.      \$0.00      10. Amount of Capital Contributions in FLORIDA to date.

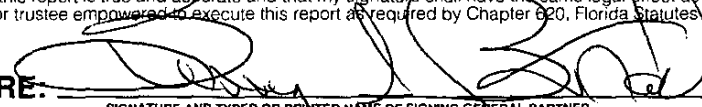
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BARNARD, SUNNY A 1206 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	DAVIDSON, PAMELA S 830-13 A1A N. PONTE VEDRA BEACH FL 32082	STREET ADDRESS	<b>1618 3rd Ave N Jacksonville Beach, Florida 32250</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>200035801472 05/10/04--01039--017 **141.25</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			

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:  DATE **4/18/04** Daytime Phone #