


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000987**

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




Principal Place of Business      Mailing Address  
**1372 BEACH BLVD**                      **1372 BEACH BLVD**  
**JACKSONVILLE BCH, FL 32250**      **JACKSONVILLE BCH, FL 32250**

2. Principal Place of Business      3. Mailing Address

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

City & State                              City & State

Zip                      Country                      Zip                      Country



02142005      Chg-LP                      CR2E003 (10/03)

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

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #		STREET ADDRESS	<b>U00000235718</b>
NAME	<b>BARNARD, SUNNY A</b>	CITY-ST-ZIP	<b>02/19/05-80016-008 141.25</b>
STREET ADDRESS	<b>1206 PONTE VEDRA BLVD.</b>		
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>DAVIDSON, PAMELA S</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1618 3RD AVE N.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE BCH, FL 32250</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

**SIGNATURE:**  **SUNNY A BARNARD** 2/19/05 904 591-4041