

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 24 AM 9:24

DOCUMENT # A19245

1. Entity Name
 THE PHILLIES, LIMITED PARTNERSHIP



Principal Place of Business
 VETERANS STADIUM
 BROAD ST. & PATTISON AVE.
 PHILADELPHIA, PA 19148

Mailing Address
 VETERANS STADIUM
 BROAD ST. & PATTISON AVE.
 PHILADELPHIA, PA 19148



2. Principal Place of Business
 Citizens Bank Park
 Suite Apt. #, etc.
 1 Citizens Bank Way
 City, State
 PHILA PA
 Zip
 19148
 Country
 USA

3. Mailing Address
 Citizens Bank Park
 Suite Apt. #, etc.
 1 Citizens Bank Way
 City, State
 PHILA PA
 Zip
 19148
 Country
 USA

01212004 Chg-LP CR2E003 (10/03)

4. FEI Number
 23-2186951

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TIMBERLAKE, JOHN
 JACK RUSSELL STADIUM
 800 PHILLIES DRIVE
 CLEARWATER, FL 33515

7. Name and Address of New Registered Agent

Name
 TIMBERLAKE, JOHN
 Street Address (P.O. Box Number is Not Acceptable)
 BRIGHTHOUSE NETWORKS FIELD
 601 N. OLD COACHMAN ROAD
 City
 CLEARWATER FL Zip Code
 33765

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 John Timberlake
 Signature, typed or printed name of registered agent and title if applicable.

1/23/04
 DATE

9. Capital Contributions
 as Shown on record. \$25,000.00

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

DOCUMENT #	
NAME	MONTGOMERY, DAVID P
STREET ADDRESS	8525 ARDMORE AVENUE
CITY - ST - ZIP	WYNDMOOR, PA 19038
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800030400888
CITY - ST - ZIP	03/15/04--01020--010 **263, 75
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I 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 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 owner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: David S. Montgomery
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/04 215-463-6000
 Date Daytime Phone #

STAPLE CHECK HERE