


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 15, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A20023**  
1. Entity Name  
EXCHANGE BUILDING, LTD.



Principal Place of Business  
201 S. MONROE ST.  
SUITE 500  
TALLAHASSEE, FL 32301

Mailing Address  
201 S. MONROE ST.  
SUITE 500  
TALLAHASSEE, FL 32301

2. Principal Place of Business  
Suite, Apt. #, etc

3. Mailing Address  
Suite, Apt. #, etc

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
MILLER, WILTON R  
201 S. MONROE ST.  
SUITE 500  
TALLAHASSEE, FL 32301



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2606070

Applied For  
Not Applicable

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

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. \$4,800.00

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 #	MILLER, WILTON R	STREET ADDRESS	
NAME	201 SOUTH MONROE STREET, SUITE 500	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32301		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000120552
NAME		CITY-ST-ZIP	04/20/04-80014-023 141.25
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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 820, Florida Statutes

SIGNATURE: Wilton R. Miller 4/15/04 850-222-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE