2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A25754

1. Entity Name
PORT CANAVERAL STEVEDORING, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 572 CAPE CANAVERAL, FL 32920	P.O. BOX 572 CAPE CANAVERAL, FL 32920

01052004 Chg-LP CR2E003 (10/03)

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 59-2870120 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEE, RHONDA A 400 HARBOR DRIVE CAPE CANAVERAL, FL 32920	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	$1,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H16389	STREET ADDRESS	
NAME	PORT CANAVERAL STEVEDORING INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	9025 N. ATLANTIC AVE.		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	000000082897 03/10/04-80017-001 141.25
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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: Rhonda Lee Rhonda Lee 2/24/04 321-783-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #