

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 AM 11:15

2/2/04

DOCUMENT # A93000001457

1. Entity Name
236 PROPERTIES, LTD., LLLP



Principal Place of Business

~~4275 HILLVIEW CIR~~
~~MERRITT ISLAND, FL 32952~~

Mailing Address

C/O JOHN G. ESTOCK
9800 FOURTH ST. N., STE. 300
ST. PETERSBURG, FL 33702



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01222004 Chg-LP CR2E003 (10/03)

4. FEI Number
50-2217036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD

~~4275 HILLVIEW CIR~~
~~MERRITT ISLAND, FL 32952~~

Mr. Leonard Spielvogel
8401 N. Atlantic Avenue, Apt. #A2
Cape Canaveral, FL 32920

7. Name and Address of New Registered Agent

O. Box Number is Not Acceptable)

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

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

DATE

9. Capital Contributions
as Shown on record.

\$2,940,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

SPIELVOGEL, LEONARD TRUSTEE
~~4275 HILLVIEW CIR~~
~~MERRITT ISLAND, FL 32952~~

STREET ADDRESS
CITY - ST - ZIP

8401 N. Atlantic Avenue, Apt. #A2
Cape Canaveral, FL 32920

DOCUMENT #
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CITY - ST - ZIP

SPIELVOGEL, JEAN C TRUSTEE
~~4275 HILLVIEW CIR~~
~~MERRITT ISLAND, FL 32952~~

STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/2/04 **3215362987**

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