2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000160

1. Entity Name
PARK BOULEVARD SHOPPING CENTER, LTD.

Principal Place of Business
C/O PARK BOULEVARD, INC.
27001 U.S. HIGHWAY 19, SUITE 2095
CLEARWATER, FL 33761-3490

Mailing Address
C/O PARK BOULEVARD, INC.
27001 U.S. HIGHWAY 19, SUITE 2095
CLEARWATER, FL 33761-3490

02182005 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 59-2754295 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLLACK, LOREN M
27001 US HIGHWAY 19N, SUITE 2095
CLEARWATER, FL 33761

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. $600.00

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 #	P00000005224	STREET ADDRESS	
NAME	PARK BOULEVARD, INC.		
STREET ADDRESS	27001 U.S. HIGHWAY 19, SUITE 2095	CITY-ST-ZIP	U00000294819 04/09/05-80003-006 150.00
CITY-ST-ZIP	CLEARWATER, FL 337613490		
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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: Loren M Pollack 3/14/05 (727) 796-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #