

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 16, 2008 08:00 A**  
**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**



02272008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

U000000901936  
04/29/08-80089-005 508.75

**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 # **P00000005224**  
NAME **PARK BOULEVARD, INC.**  
STREET ADDRESS **27001 U.S. HIGHWAY 19, SUITE 2095**  
CITY-ST-ZIP **CLEARWATER, FL 337613490**

DOCUMENT #  
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CITY-ST-ZIP

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/08

Date

727 796-1077

Daytime Phone #

STAPLE CHECK HERE