


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A00000000744 1. Entity Name PHILIP PROPERTIES PARTNERSHIP, LTD.					
Principal Place of Business 1233 STOW AVENUE P.O. BOX 2472 PENSACOLA FL 32513			Mailing Address 1233 STOW AVENUE P.O. BOX 2472 PENSACOLA FL 32513		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YONG, FRANK J 701 RISK STREET, SUITE 110 JACKSONVILLE FL 32204 <i>4570 St. Johns Ave Suite 1A 32210</i>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	P00000033755		STREET ADDRESS		
NAME	BOBELLE HARRELL, INC.		CITY-ST-ZIP		
STREET ADDRESS	1233 STOW AVE., P.O. BOX 2472			100034511751 04/29/04--01005--010 **526.25	
CITY-ST-ZIP	PENSACOLA FL 32513				
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04 APR 16 PM 4:31
TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03) **4/16**

4. FEI Number **59-3649376**
☐ Applied For
☐ Not Applicable

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

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: *Bobelle W. Harrell* **4/8/04** **850-433-4142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #