


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000238</b>		
1. Entity Name <b>SHAH FAMILY OF CENTRAL FLORIDA, LTD.</b>		

Principal Place of Business <b>4918 SAINT CROIX DRIVE TAMPA FL 33629</b>	Mailing Address <b>4918 SAINT CROIX DRIVE TAMPA FL 33629</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E003 (4/04)

6. Name and Address of Current Registered Agent  <b>SHAH, CHUNILAL P 4918 SAINT CROIX DRIVE TAMPA FL 33629</b>	
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4. FEI Number <b>59-3700752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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.		11. <b>FILE NOW!!! Due by September 8, 2004!</b> See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>	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 #	CHUNILAL P. SHAH AND KANTA C. SHAH CO-TRUS	STREET ADDRESS	
NAME	4918 SAINT CROIX DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33629		
CITY-ST-ZIP			
DOCUMENT #	KANTA C. SHAH AND CHUNILAL P. SHAH CO-TRUS	STREET ADDRESS	
NAME	4918 SAINT CROIX DRIVE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33629		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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:** Shah C.P. SHAH **Aug 2, 04** **727-726-1646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE