

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000791					
1. Entity Name CORPORATE CENTER AT PARK SHORE LIMITED PARTNERSHIP					
Principal Place of Business 3033 RIVIERA DRIVE SUITE 202 NAPLES, FL 34103			Mailing Address 3033 RIVIERA DRIVE SUITE 202 NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FCI Number 59-3727794	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILBOURN, E. MICHAEL 3033 RIVIERA DRIVE SUITE 202 NAPLES, FL 34103			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$0.00		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	REAL GROWTH ASSOCIATES, LTD. 3033 RIVIERA DRIVE NAPLES, FL 34103		STREET ADDRESS CITY - ST - ZIP	_____ _____	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS 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: <i>Michael Kilbourn</i>			G.P.		4-22-04 239-261-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Day(s) & Phone #

STAPLE CHECK HERE

