

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

DOCUMENT # A02000000987

1. Entity Name

P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD



FILED

2004 APR 21 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

830-13 A1A N.
PONTE VEDRA BEACH FL 32082

Mailing Address

830-13 A1A N.
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

1372 Beach Blvd

3. Mailing Address

1372 Beach Blvd

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.



MOORE CR2E003 (11/03)

City & State

Jacksonville Bch, FL

City & State

Jacksonville Bch, FL ~~32082~~

4. FEI Number

01-0738383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNARD, SUNNY A
1206 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$0.00

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 #

NAME

BARNARD, SUNNY A

STREET ADDRESS

1206 PONTE VEDRA BLVD.

CITY-ST-ZIP

PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

DAVIDSON, PAMELA S

STREET ADDRESS

830-13 A1A N.

CITY-ST-ZIP

PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

11618 3rd Ave N

Jacksonville Beach, Florida 32250

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE