

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001032		
1. Entity Name TWINS PLAZA PROPERTIES, LTD.		

Principal Place of Business SIX FAIRFIELD BOULEVARD, SUITE 1 PONTE VEDRA BEACH, FL 32082	Mailing Address SIX FAIRFIELD BOULEVARD, SUITE 1 PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 51-0418488	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDERSON, TONY 1301 RIVERPLACE BLVD STE. 1500 JACKSONVILLE, FL 32207		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 4-26-04 DATE

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
	BAKKAR, WADIE K		
STREET ADDRESS	3628 SILVERY LANE	CITY-ST-ZIP	
	JACKSONVILLE, FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
	BAKKAR, MUNA		
STREET ADDRESS	3628 SILVERY LANE	CITY-ST-ZIP	
	JACKSONVILLE, FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

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06/03/04-80004-014 141.25

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: Muna Bakkar 4-26-04 904-280-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE