
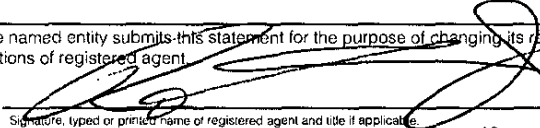
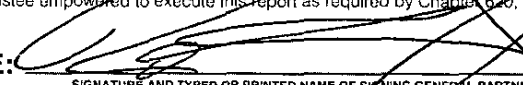


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:35

DOCUMENT # A02000001274 1. Entity Name SHOPPES-AT QUAIL ROOST, LTD.					
Principal Place of Business % BOULDER VENTURES 4340 WEST HILLSBOROUGH AVENUE TAMPA, FL 33614		Mailing Address % BOULDER VENTURES 4340 WEST HILLSBOROUGH AVENUE TAMPA, FL 33614			
2. Principal Place of Business 2226 S.R. 580 Suite, Apt. #, etc.		3. Mailing Address 2226 S.R. 580 Suite, Apt. #, etc.			
City & State Clearwater, FL Zip 33763 Country USA		City & State Clearwater, FL Zip 33763 Country USA		4. FEI Number 22-3878036 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03102004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent HUDOBA, STEPHEN M 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33614			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 3/23/04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$51.00		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 #	A00000000733		STREET ADDRESS	2226 S.R. 580	
NAME	KB INVESTMENT HOLDINGS, LTD.		CITY-ST-ZIP	Clearwater, FL 33763	
STREET ADDRESS	4340 WEST HILLSBOROUGH AVENUE		STREET ADDRESS	600032280996	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	04/09/04--01061--004 **141.25	
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			3/10/04 Date		(727) 499-2226 Daytime Phone #

STAPLE CHECK HERE