

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 20 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142004 Chg-LP CR2E003 (10/03)

| | | | |
|---|---------|---|---------|
| DOCUMENT # A02243 | | | |
| 1. Entity Name ALLEY & SONS PROPERTIES, LTD. | | | |
| Principal Place of Business 701 E WASHINGTON STREET TAMPA, FL 33602 | | Mailing Address P.O. BOX 3127 TAMPA, FL 33601 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-1744730 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent ALLEY, C. TODD 701 E WASHINGTON STREET TAMPA, FL 33602 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|
| 9. Capital Contributions as Shown on record. \$7,900.00 | 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 # | ALLEY, C. TODD | STREET ADDRESS | |
| NAME | 701 E. WASHINGTON ST. | CITY-ST-ZIP | |
| STREET ADDRESS | TAMPA, FL | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 500035827785 |
| NAME | | CITY-ST-ZIP | 05/01/04-01093-001 **144.05 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 500035827935 |
| NAME | | CITY-ST-ZIP | 05/10/04-01096-006 **144.05 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| 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: _____ **4/14/04 813/222-0977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE