


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000128 1. Entity Name ANCHOR FLORIDA REALTY LTD	
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Principal Place of Business 2107 EAST COLLEGE AVE (RT 674) RUSKIN, FL 33570	Mailing Address 2107 EAST COLLEGE AVE (RT 674) RUSKIN, FL 33570
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2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 7</i> City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. <i>Suite 7</i> City & State Zip Country
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07062004 Chg-LP CR2E003 (10/03)

4. FEI Number <i>830356362</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARRETT, LEO J
 20 SYLVIA PL
 OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2107 E College Ave
Suite 7
 City *Ruskin* FL Zip Code *33570*

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.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 BARRETT, LEO J	STREET ADDRESS	2107 E. College Ave Ste 7
NAME	20 SYLVIA PL	CITY-ST-ZIP	Ruskin FL 33570-5222
STREET ADDRESS	OLDSMAR, FL 34677		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: *Leo J. Barrett* *7-6-04* *813-645-4144*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
 04 JUL -9 AM 11:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE