
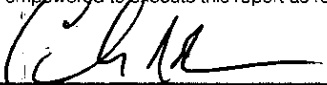


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A03000000173			
1. Entity Name AGCMD OFFICE PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP			
Principal Place of Business 13801 N. DALE MABRY HWY. SUITE 200 TAMPA FL 33618 US		Mailing Address 13801 N. DALE MABRY HWY. SUITE 200 TAMPA FL 33618 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GOINS, PHILIP ALLEN 13801 N. DALE MABRY HWY. SUITE 200 TAMPA FL 33618		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$447,218.53		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 #	K39461	STREET ADDRESS	
NAME	A.G. DEVELOPMENT GROUP, INC.	CITY-ST-ZIP	300038739213 07/06/04--01029--022 **526.25
STREET ADDRESS	13801 N. DALE MABRY HWY., SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	CITY-ST-ZIP	
DOCUMENT #	P93000052376	STREET ADDRESS	
NAME	CMD ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	13801 N. DALE MABRY HWY., SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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: 		CHRIS PEARSON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 4/27/04 813/264-2215 Daytime Phone #	

FILED
04 JUN 22 AM 9:28
COUNTY OF STATE
TALLAHASSEE FLORIDA
MJH



MOORE CR2E003 (11/03) 6/22

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required