



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 12 AM 10:38

DOCUMENT # A03000000645 1. Entity Name PARK, SHADOW AND ALAFIA, LTD.					
Principal Place of Business 1703 BRISTOL AVENUE TAMPA, FL 33606			Mailing Address 1703 BRISTOL AVENUE TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03222004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 20 0049461	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HIGGS, GEORGE D SR. 1703 BRISTOL AVENUE TAMPA, FL 33606			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 <u>4/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000,000.00		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 # P03000042815 NAME LINGE CORPORATION STREET ADDRESS 1703 BRISTOL AVENUE CITY-ST-ZIP TAMPA, FL 33606			STREET ADDRESS CITY-ST-ZIP 900034383319 04/28/04--01021--004 **526.25		
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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: <u>Linda S. Higgins</u> <u>4/1/04</u> <u>813 223 6605</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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