

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

**DOCUMENT # A03508**

1. Entity Name

PAGE MOBILE VILLAGE, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 12 AM 10:38

Principal Place of Business  
4944 CLEVELAND AVE.  
FT. MYERS FL 33902

Mailing Address  
4944 CLEVELAND AVE.  
FT. MYERS FL 33902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number  
59-1454204

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GOLDBERG, GENNIE  
~~947 S. TOWN & RIVER DRIVE~~  
FT. MYERS FL 33919-6116

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

11793 Royal Tee Ct.

City CAPE CORAL

FL

Zip Code 33911

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 *Genny Goldberg, Resident Mgr.*

DATE 3-3-04

9. Capital Contributions  
as Shown on record. \$234,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 234,000.00

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**

DOCUMENT #  
NAME GOLDBERG, GENNIE  
STREET ADDRESS 11793 ROYAL TEE CT  
CITY-ST-ZIP CAPE CORAL FL 33911

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400034826494  
04/30/04--01027--013 \*\*526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/3/04

STAPLE CHECK HERE