

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

DOCUMENT # A05345

1. Entity Name

SUNSHINE SHOPPING PARK, LIMITED



FILED
04 FEB -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

2389 ST. ANDREWS BLVD.
PANAMA CITY FL 32405

Mailing Address

509 SO. BONITA AVE.
PANAMA CITY FL 32401

2. Principal Place of Business

2389 ST ANDREWS BLVD

Suite, Apt. #, etc.

3. Mailing Address

509 SO BONITA AVE

Suite, Apt. #, etc.



MOORE

CR2E003 (11/03)

2/3

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

4. FEI Number

59-1643201

Applied For

Not Applicable

Zip

32405

Country

BAH

Zip

32401

Country

BAH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, H K
2389 ST. ANDREWS BLVD.
PANAMA CITY FL 32405

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

Howard K. Hall

Signature, typed or printed name of registered agent and title if applicable.

CR# 1936

1/26/04

DATE

9. Capital Contributions
as Shown on record.

\$60,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

60,000.00

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	HALL, HOWARD K
STREET ADDRESS	509 S. BONITA AVE
CITY-ST-ZIP	PANAMA CITY FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/04 01024 013 **500.75

STAPLE CHECK HERE

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:

Howard K. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/26/04

DATE

850-785-7006

Daytime Phone #