

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

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A07845			
1. Entity Name SINGLETON ASSOCIATES, LTD.			
Principal Place of Business 5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207		Mailing Address 5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1931423		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, A. T., JR. 5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207		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 _____ Signature: typed or printed name of registered agent and title if applicable			
9. Capital Contributions as Shown on record \$80,000.00		10. Amount of Capital Contributions in FLORIDA to date	
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 #	567608	STREET ADDRESS	
NAME	PROPERTY PLANNING, INC.	CITY - ST - ZIP	
STREET ADDRESS	5001 PHILLIPS HWY. #7B		
CITY - ST - ZIP	JACKSONVILLE FL		
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MOORE CR2E003 (11/03)

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:

Kenneth D. McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-19-04 904-737-1245

STAPLE CHECK HERE