

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A09189

1. Entity Name
DOWNTOWN ASSOCIATES, LTD.



Principal Place of Business
9601 SOUTH BROOK DR., S
APT S-106
JACKSONVILLE, FL 32256

Mailing Address
PO BOX 56092
JACKSONVILLE, FL 32241



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

01052004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-2077529

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARD, LAWRENCE J
1403-20 DUNN AVENUE
JACKSONVILLE, FL 32218

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

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

DATE

9. Capital Contributions
as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions
in FL OBTDA 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
COHEN, SHIRLEY G
9601 SOUTHBROOK DR., APT. S-106
JACKSONVILLE, FL 32256

STREET ADDRESS

CITY-ST-ZIP

600027369286

DOCUMENT #

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Digitize File #

1/6/04

904-739-1037

STAPLE CHECK HERE