


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A09780 1. Entity Name POLYVERS, LTD.					
Principal Place of Business CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118				Mailing Address CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118	
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 59-2072185	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$0.00		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 #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			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: <i>Patricia S. Jenkins</i> PATRICIA S. JENKINS				Date 4/8/04 Daytime Phone # 386 238 7400	

STAPLE CHECK HERE