


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A09989 1. Entity Name FOREST PARK SOUTH, LTD.	
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Principal Place of Business 1201 THIRD AVE STE 5400 SEATTLE, WA 98101	Mailing Address 1201 THIRD AVE STE 5400 SEATTLE, WA 98101
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 91-1174761	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	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 _____
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9. Capital Contributions as Shown on record. \$560,550.00	10. Amount of Capital Contributions in FLORIDA to date. \$560,550.00
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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
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G03287700097 SECURITY PROPERTIES-80 1201 3RD AVE #5400 SEATTLE, WA 98101	STREET ADDRESS CITY - ST - ZIP	
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04/05/04-80001-010 526.25

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	3-15-04 Date	206-620-9900 Daytime Phone #
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STAPLE CHECK HERE