


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

DOCUMENT # A13524 1. Entity Name SOUTH TAMPA, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

Principal Place of Business 5445 MARINER ST. #110 TAMPA FL 33609-3415	Mailing Address 5445 MARINER ST. #110 TAMPA FL 33609-3415
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MOORE CR2E003 (11/03)

2. Principal Place of Business 3505 E. Frontage Rd. Suite, Apt. #, etc. #115 City & State TAMPA FL Zip 33607-7007 Country USA	3. Mailing Address 3505 E. Frontage Rd. Suite, Apt. #, etc. #115 City & State TAMPA FL Zip 33607-7007 Country USA
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4. FEI Number 59-2227331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IRVING, PETER 5445 MARINER ST. #110 TAMPA FL 33609-3415	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3505 E. Frontage Rd. #115 City TAMPA FL Zip Code 33607-7007
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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. \$6,951,270.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,678,174	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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												
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td>BAXTER, GEORGE J.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4963 BACOPA LANE SO. APT. 803</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETERSBURG FL 33715</td> </tr> </table>	DOCUMENT #	NAME	NAME	BAXTER, GEORGE J.	STREET ADDRESS	4963 BACOPA LANE SO. APT. 803	CITY - ST - ZIP	ST. PETERSBURG FL 33715	<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY - ST - ZIP	
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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: *Peter Irving, Gen. Ptnr.* **4-13-04** **813-282-1873**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #