

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A13915

1. Entity Name  
MCGREGOR BOULEVARD CENTER, LTD.



FILED

04 FEB -2 AM 9:44

Principal Place of Business  
15051 S. TAMiami TR., SUITE 203  
FORT MYERS, FL 33908

Mailing Address  
15051 S. TAMiami TR., SUITE 203  
FORT MYERS, FL 33908

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
59-2255726

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

LEVINE, STEVEN G.  
2824 VALENCIA WAY  
FORT MYERS, FL 33901

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. \$135,000.00

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 LEVINE, STEVEN G  
STREET ADDRESS 15051 S. TAMiami TRAIL, STE. 203  
CITY-ST-ZIP FT. MYERS, FL 33908

STREET ADDRESS  
CITY-ST-ZIP 400028015184  
02/02/04--01063--006 \*\*526.25

DOCUMENT #  
NAME ADKINS, EDWARD D  
STREET ADDRESS 15051 S. TAMiami TRAIL, STE. 203  
CITY-ST-ZIP FT. MYERS, FL 33908

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME LEVINE, SCOTT  
STREET ADDRESS 15051 S. TAMiami TRAIL, STE. 203  
CITY-ST-ZIP FT. MYERS, FL 33908

STREET ADDRESS  
CITY-ST-ZIP

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THOMAS

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

Daytime Phone #

1/29/04 (239) 7072824

STAPLE CHECK HERE