

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212004 Chg-LP CR2E003 (10/03)

4. FEI Number
63-0864495

Applied For
Not Applicable

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

DOCUMENT # A16251

1. Entity Name
WALL BOULEVARD ASSOCIATES, LTD.



Principal Place of Business
**41 N BELTLINE HWY
3RD FLOOR, COLONIAL BANK CENTRE
MOBILE, AL 36608**

Mailing Address
**P.O. BOX 160306
MOBILE, AL 36616**

2. Principal Place of Business
41 W I-65 Service Rd N

Suite, Apt. #, etc.
3rd Fl, Colonial Bank Centre

3. Mailing Address
Suite, Apt. #, etc.

City & State
MOBILE, AL

Zip
36608-1201

Country

6. Name and Address of Current Registered Agent

**CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA, FL 32503-4350**

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 *Joseph J. Campus* **4-29-04**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$3,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 3,300,000.00**

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 #	GP9800001084	STREET ADDRESS	
NAME	MITCHELL EQUITIES	CITY-ST-ZIP	
STREET ADDRESS	3298 SUMMIT BLVD #18		
CITY-ST-ZIP	PENSACOLA, FL 325034350		
DOCUMENT #		STREET ADDRESS	400036483484
NAME		CITY-ST-ZIP	05/14/04--01061--007 **526.25
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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]* **4-29-04**
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE