

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A17025 1. Entity Name MEADOWRUN ASSOCIATES, LTD.					
Principal Place of Business 41 W I-65 SERVICE ROAD, N 3RD FLOOR - COLONIAL BANK CENTRE MOBILE, AL 36608			Mailing Address P.O. BOX 160306 MOBILE, AL 36616		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>					
9. Capital Contributions as Shown on record		\$2,393,600.00		10. Amount of Capital Contributions in FLORIDA to date	
				\$2,393,600.00	
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		
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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:			4-29-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

STAPLE CHECK HERE