

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

DOCUMENT # A18757

1. Entity Name

TAMPA EASTSHORE, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 19 PM 2:11

Principal Place of Business

5445 MARINER ST #110
 TAMPA FL 33609-3415

Mailing Address

5445 MARINER ST #110
 TAMPA FL 33609-3415



MOORE CR2E003 (11/03)

2. Principal Place of Business

3505 E. Frontage Rd.
 Suite, Apt. #, etc.
 #115

3. Mailing Address

3505 E. Frontage Rd.
 Suite, Apt. #, etc.
 #115

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-2471763

Applied For

Not Applicable

Zip

33607-7007

Country

USA

Zip

33607-7007

Country

USA

5. Certificate of Status Desired ☐

\$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

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

9. Capital Contributions
 as Shown on record.

\$7,054,600.00

10. Amount of Capital Contributions
 in FLORIDA to date.

\$5,288,015

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	
NAME	BAXTER, GEORGE J.
STREET ADDRESS	4963 BACOPA LN SO. APT 803
CITY-ST-ZIP	ST PETERSBURG FL 33715
DOCUMENT #	
NAME	IRVING, PETER
STREET ADDRESS	14900 GULF BLVD. #402
CITY-ST-ZIP	MADEIRA BCH. FL
DOCUMENT #	
NAME	TAUB, THEODORE C.
STREET ADDRESS	4937 LYFORD CAY RD
CITY-ST-ZIP	TAMPA, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

200835819052
 05/10/04--01067--004 **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:

Peter Irving, Gen. Ptn.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-13-04

Date

813-282-1873

Daytime Phone #

STAPLE CHECK HERE