## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK HERE

CITY-ST-ZIP

SIGNATURE:

## Apr 07, 2004 08:00 AM Secretary of State Due By May 1, 2004 DOCUMENT # A21186 PARK PLACE INDUSTRIALS, LTD. Mailing Address Principal Place of Business 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 01152004 Chg-LP CR2E003 (10/03) Applied For City & State 4. FF! Number City & State 59-2510934 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINIERI, CARL Street Address (P.O. Box Number is Not Acceptable) 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 33761 City Zip Code \$. 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 9. Capital Contributions 16. Amount of Capital Contributions \$1,000.00 as Shown on record. in FLOR(DA 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. H84166 DOCUMENT # STREET ADDRESS NAME PARK PLACE INDUSTRIALS, INC. 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 STREET ADDRESS CITY - ST- ZIP U00000111283 CLEARWATER, FL 33761 CITY-ST-ZIP 04/13/04-80011-010 141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CRTY-ST-ZIP DOCUMENT # STREET ADDRESS NARAF STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-57-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MANE STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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14. I hereby certify that the information supplied with this filling 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

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