

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

FILED
May 04, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A21540 |  |
| 1. Entity Name PALM HARBOR SHOPS, LTD. | |

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|--|--|
| Principal Place of Business 36091 - 35501 U.S. 19 NORTH PALM HARBOR FL 34864 | Mailing Address P.O. BOX 402097 MIAMI BEACH FL 33140 |
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| | | | |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc | | Suite, Apt #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E003 (11/03)

| | | |
|---|--|--|
| 4. FEI Number 59-2584302 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PALM HARBOR SHOPS, INC. 5446 NORTH BAY RD. MIAMI BEACH FL 33140 | | 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

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|--|---|--|
| 9. Capital Contributions as Shown on record. \$990.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-------------------------|--------------------------|---------------------------|
| DOCUMENT # | H78526 | STREET ADDRESS | |
| NAME | PALM HARBOR SHOPS, INC. | CITY - ST - ZIP | |
| STREET ADDRESS | PO BOX 402097 | | |
| CITY - ST - ZIP | MIAMI BEACH FL 33140 | | |
| DOCUMENT # | | STREET ADDRESS | U00000158952 |
| NAME | | CITY - ST - ZIP | 05/10/04-80011-009 141.25 |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE