

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A21540 1. Entry 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 Suite, Apt #, etc City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip	Country	Country
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1ST MOORE CR2E003 (10/04)

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
6. Name and Address of Current Registered Agent	
PALM HARBOR SHOPS, INC. 5446 NORTH BAY RD. MIAMI BEACH FL 33140	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # NAME STREET ADDRESS CITY - ST - ZIP	H78526 PALM HARBOR SHOPS, INC. PO BOX 402097 MIAMI BEACH FL 33140	STREET ADDRESS	
		CITY - ST - ZIP	U00000363048 05/05/05 00141 015 141.25
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		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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **POA** **4/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE