2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A25754

1. Entity Name
PORT CANAVERAL STEVEDORING, LTD.

Principal Place of Business
P.O. BOX 572
CAPE CANAVERAL, FL 32920

Mailing Address
P.O. BOX 572
CAPE CANAVERAL, FL 32920

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2870120 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEE, RHONDA A
400 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

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 _____
Signature, typed or printed name of registered agent and title if applicable | DATE

9. Capital Contributions as Shown on record $1,000.00

10. Amount of Capital Contributions in FLORIDA 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H16389	STREET ADDRESS	
NAME	PORT CANAVERAL STEVEDORING INC.	CITY-ST-ZIP	
STREET ADDRESS	9025 N. ATLANTIC AVE. ✓		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		
DOCUMENT #		STREET ADDRESS	100000082897
NAME		CITY-ST-ZIP	03/10/04-80017-001 141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Rhonda Lee Rhonda Lee 2/24/04 321-783-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #