


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

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A28049</b><br>1. Entity Name<br>ALL CHILDREN'S MEDICAL OFFICE BUILDING<br>LIMITED PARTNERSHIP |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>PHYSICIANS OFFICE BUILDING<br>880 6TH STREET SOUTH SUITE 190<br>ST. PETERSBURG FL 33701 | Mailing Address<br>PHYSICIANS OFFICE BUILDING<br>880 6TH STREET SOUTH SUITE 190<br>ST. PETERSBURG FL 33701 |
|--|--|

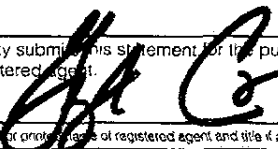
|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |



MOORE CR2E003 (11/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2944240   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent<br>CARNES, GARY<br>801 SIXTH STREET, SOUTH<br>ST. PETERSBURG FL 33701         |                                |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Jan 26, 2004

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$740,021.10 | 10. Amount of Capital Contributions in FLORIDA to date. <u>740,021.10</u> | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | K56074<br>ACHPOB, INC.<br>801 SIXTH STREET, SOUTH<br>ST. PETERSBURG FL ✓ | STREET ADDRESS<br>CITY-ST-ZIP | U000000082048<br>03/09/04 00011 010 526.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>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  GARY CARNES Jan 26, 2004 727-767-4474

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

STAPLE CHECK HERE