

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31005**

1. Entity Name  
**EAST-TOWN SHOPPING CENTER, LIMITED**



Principal Place of Business  
**850 N.E. 5TH AVENUE  
BOCA RATON, FL 33432**

Mailing Address  
**850 N.E. 5TH AVENUE  
BOCA RATON, FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

01072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**95-6420843**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUIR, ROBERT C.  
850 N.E. 5TH AVENUE  
BOCA RATON, FL 33432**

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: **\$1,787,500.00**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MUIR, ROBERT C.  
850 N.E. 5TH AVENUE  
BOCA RATON, FL 33432**

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CITY - ST - ZIP

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**2/16/04**