
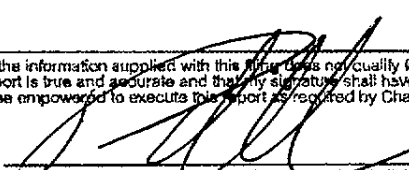


FILED
May 04, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A32160 1. Entity Name P.A.D.A. PARTNERSHIP, LTD.			
Principal Place of Business 7290 33RD ST. VERO BEACH, FL 32966		Mailing Address 7290 33RD ST. VERO BEACH, FL 32966	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3090640		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 ADAMS, PAUL L. 7290 33RD ST. VERO BEACH, FL 32966		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$357,991.73		10. Amount of Capital Contributions in FLORIDA to date. - 0 -	
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	
NAME	ADAMS, PAUL L TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	7290 33RD ST.		
CITY-ST-ZIP	VERO BEACH, FL 32966		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ADAMS, DONNA K TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	7290 33RD ST.		
CITY-ST-ZIP	VERO BEACH, FL 32966		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this report is 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: 		Date: 4/29/04 777-778-3143	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
PAUL L. ADAMS G.P.			

STAPLE CHECK HERE