2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 16 AM 11:15

W03/16/04

DOCUMENT # A93000001457

1. Entity Name
236 PROPERTIES, LTD., LLLP

Principal Place of Business	Mailing Address
~~4275 HILLVIEW CIR~~ ~~MERRITT ISLAND, FL 32952~~	C/O JOHN G. ESTOCK 9800 FOURTH ST. N., STE. 300 ST. PETERSBURG, FL 33702

2. Principal Place of Business

8401 N. Atlantic Avenue, Apt. #A2
Cape Canaveral, FL 32920

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3217036 ☐ Applied For ☐ Not Applicable

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
SPIELVOGEL, LEONARD ~~4276 HILLVIEW CIR~~ ~~MERRITT ISLAND, FL 32952~~	**Mr. Leonard Spielvogel** **8401 N. Atlantic Avenue, Apt. #A2** **Cape Canaveral, FL 32920**

(P.O. Box Number is Not Acceptable)

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.	10. Amount of Capital Contributions in FLORIDA to date.
$2,940,000.00	

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 #		STREET ADDRESS	**8401 N. Atlantic Avenue, Apt. #A2**
NAME	SPIELVOGEL, LEONARD TRUSTEE	CITY-ST-ZIP	**Cape Canaveral, FL 32920**
STREET ADDRESS	~~4276 HILLVIEW CIR~~		
CITY-ST-ZIP	~~MERRITT ISLAND, FL 32952~~		
DOCUMENT #		STREET ADDRESS	
NAME	SPIELVOGEL, JEAN C TRUSTEE	CITY-ST-ZIP	deleted
STREET ADDRESS	4275 HILLVIEW CIR		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	000030597220
NAME		CITY-ST-ZIP	03/17/04--01019--014 **526.25
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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: _____ 2/2/04 3215362987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #