


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

<b>DOCUMENT # A94000000190</b>			
1. Entity Name 325 WEST ADAMS STREET, LTD.			
Principal Place of Business 6900 SOUTHPOINT DR., N. SUITE 200 JACKSONVILLE FL 32216		Mailing Address POST OFFICE BOX 359 JACKSONVILLE FL 32201-0359	
2. Principal Place of Business		3. Mailing Address P.O. Box 551428	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32255-1428		U.S.	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE INTREPID CORPORATION OF GEORGIA 6900 SOUTHPOINT DR., N. SUITE 200 JACKSONVILLE FL 32216		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. \$436,765.48		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 #	F98000001548	STREET ADDRESS	
NAME	THE INTREPID CORPORATION OF GEORGIA	CITY-ST-ZIP	
STREET ADDRESS	6900 SOUTHPOINT DR., N., #200		
CITY-ST-ZIP	JACKSONVILLE FL 32216		
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJW



MOORE CR2E003 (11/03)

2/11

4. FEI Number 59-3222890  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$436,765.48

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
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STREET ADDRESS 6900 SOUTHPOINT DR., N., #200  
CITY-ST-ZIP JACKSONVILLE FL 32216

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/6/04

904-355-3500

STAPLE CHECK HERE