

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000128

1. Entity Name
EVERGREEN INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business
**13129 N. 19TH ST.
TAMPA, FL 33612**

Mailing Address
**2519 MCMULLEN BOOTH RD., #510-257
CLEARWATER, FL 33761**

FILED

2004 JAN 16 AM 10:44

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3377383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOEL, JERRY
2519 MCMULLEN BOOTH RD., #510-257
CLEARWATER, FL 33761**

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

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

DATE

1/14/04

9. Capital Contributions
as Shown on record. **\$160,000.00**

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

DOCUMENT #	P94000088197
NAME	EVERGREEN INVESTMENTS, INC.
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD, SUITE 510-257
CITY-ST-ZIP	CLEARWATER, FL 33761

13. ADDRESS CHANGES ONLY

STREET ADDRESS

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STREET ADDRESS

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700027089837
01/16/04--01011--004 **535.00

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 #

1/14/04 (722) 712-9395

STAPLE CHECK HERE