


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000452	
1. Entity Name STOELTZING GRAND CENTRAL, LTD.	

Principal Place of Business 606 W. KENNEDY BLVD. TAMPA, FL 33606	Mailing Address 606 W. KENNEDY BLVD. TAMPA, FL 33606
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3305256	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STOELTZING, WILLIAM L 606 W. KENNEDY BLVD. TAMPA, FL 33606

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

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,888,121.00
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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 #	STOELTZING, WILLIAM L	STREET ADDRESS	
NAME	606 W. KENNEDY BLVD.	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33606		
CITY-ST-ZIP			
DOCUMENT #	STOELTZING, ELVIRA	STREET ADDRESS	
NAME	606 W. KENNEDY BLVD.	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33606		
CITY-ST-ZIP			
DOCUMENT #	PARIDO, CECILLE	STREET ADDRESS	
NAME	606 W. KENNEDY BLVD.	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33606		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Cecille Parido* *Cecille Parido* 4-12-04 813-829-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE