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

SIGNATURE:

## **FILED** Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # A95000000868 WORLD TRADE CENTER TPA, LTD. Principal Place of Business Mailing Address 1101 CHANNELSIDE DRIVE 1101 CHANNELSIDE DRIVE TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. MOORE CR2E003 (11/03) City & State 4. FEI Number Applied For City & State 59-3420502 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIERLEY, JOHN C 100 NORTH TAMPA STREET, SUITE 2120 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** Zip Code City 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title 4 applicable. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. P95000043949 DOCUMENT # STREET ADDRESS WORLD TRADE CENTER GPTPA, INC. NAME <del>400000103815</del> STREET ADDRESS 1101 CHANNELSIDE DRIVE CITY-ST-ZIP 04/05/04-80062-012 141.25 CETY-ST-ZIP TAMPA FL 33602 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-73P DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CRTY-ST-ZIP CITY - ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-23P DOCUMENT # STREET ADDRESS MANE STREET ADDRESS C17Y-ST-23P CATY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 each; 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