

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 19 AM 8:47

DOCUMENT # A96000000230

1. Entity Name
PALMS CENTER, LIMITED



Principal Place of Business
1715 N. WESTSHORE BLVD.
SUITE 750
TAMPA, FL 33607

Mailing Address
C/O WEGMAN ASSOC
8001 N DALE MABRY STE 101A
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3359591

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GRANT, JOHN A JR.
10025 ORANGE GROVE DRIVE
TAMPA, FL 33618

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

9. Capital Contributions
as Shown on record. \$476,607.18

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000071378
NAME PALM CENTER DEVELOPMENT COMPANY
STREET ADDRESS 10025 ORANGE GROVE DRIVE
CITY-ST-ZIP TAMPA, FL 33618

STREET ADDRESS

CITY-ST-ZIP

800058961728
08/25/05--01023--003 **935.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/28/05

Date

813-933-1109

Daytime Phone #

STAPLE CHECK HERE