
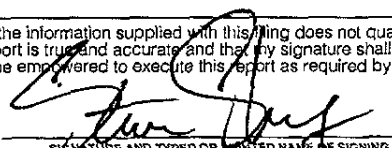


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001414					
1. Entity Name PROFESSIONAL ARTS PARTNERSHIP, LTD.					
Principal Place of Business 571 AIRPORT ROAD N. NAPLES, FL 34104			Mailing Address C/O FIBBER MCGEES CLOSET 571 AIRPORT ROAD N. NAPLES, FL 34104		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SHEAF, STEVEN L 571 AIRPORT ROAD N. NAPLES, FL 34104				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$495.00			10. Amount of Capital Contributions in FLORIDA to date. \$141.25		
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 #	P96000062658		STREET ADDRESS		
NAME	109, INC.		CITY-ST-ZIP		
STREET ADDRESS	571 AIRPORT ROAD N.				
CITY-ST-ZIP	NAPLES, FL 34104				
DOCUMENT #			STREET ADDRESS	U00000095728	
NAME			CITY-ST-ZIP	03/24/04-80046-010-141.25	
STREET ADDRESS					
CITY-ST-ZIP					
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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: 			STEVE SHEAF 3/12/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0687019** Applied For Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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13. ADDRESS CHANGES ONLY

DOCUMENT # P96000062658

NAME 109, INC.

STREET ADDRESS 571 AIRPORT ROAD N.

CITY-ST-ZIP NAPLES, FL 34104

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SIGNATURE: 

STEVE SHEAF 3/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #