


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002349</b>	
1. Entity Name <b>COLUMBUS WAREHOUSE PROPERTY, LTD.</b>	

Principal Place of Business <b>6730 EPPING FOREST WAY, N. #107 JACKSONVILLE, FL 32217</b>	Mailing Address <b>6730 EPPING FOREST WAY, N. #107 JACKSONVILLE, FL 32217</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3418645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>POLLAK, LEWIS B SR. 6730 EPPING FOREST WAY N., #107 JACKSONVILLE, FL 32217</b>		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. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P96000101780	STREET ADDRESS	
NAME	COLUMBUS WAREHOUSE MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	6730 EPPING FOREST WAY, N. #107		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
DOCUMENT #		STREET ADDRESS	000000111163
NAME		CITY-ST-ZIP	04/13/04-90005-913-526.25
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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:** Lewis B. Pollak **4/2/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE