

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001066

1. Entity Name
DALE MABRY AT PLATT PARTNERS, LTD.



Principal Place of Business
2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 33762

Mailing Address
2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3497833

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

MORRIS, GREGORY D
2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 33762

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. \$10,000.00

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 # P97000042628
NAME DALE MABRY AT PLATT, INC.
STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20
CITY-ST-ZIP CLEARWATER, FL 33762

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

300028690033
02/13/04--01004--027 **158.75

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:

M. Morris **GREGORY D. MORRIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/04
Date

727.576.6424
Daytime Phone #

FILED

04 FEB -4 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24004645



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