FILED
May 14, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001335

1. Entity Name
MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
2460 OLD MOULTRIE RD., SUITE 3 ST. AUGUSTINE, FL 32086	P.O. DRAWER 3127 ST. AUGUSTINE, FL 32085-3127

03242004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
Zip / Country	Zip / Country

59-3470349 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
SADOWSKI, GEORGE 2460 OLD MOULTRIE RD., SUITE 3 ST AUGUSTINE, FL 32086	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	$10,000,000.00	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 #	P97000044271	STREET ADDRESS	
NAME	GLOBILLITY, INC.		
STREET ADDRESS	2460 OLD MOULTRIE RD., SUITE 3	CITY-ST-ZIP	
CITY ST ZIP	ST. AUGUSTINE, FL 32086		
DOCUMENT #		STREET ADDRESS	U00000160875
NAME			
STREET ADDRESS		CITY-ST-ZIP	05/18/04--00003--021 526.25
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY 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 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 Date Daytime Phone #

STAPLE CHECK HERE