


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002672			
1. Entity Name CITY CENTRE ASSOCIATES OF TALLAHASSEE, LTD.			
Principal Place of Business 226 NORTH DUVAL STREET TALLAHASSEE FL 32301		Mailing Address P.O. BOX 13633 TALLAHASSEE FL 32317	
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 RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE FL 32301			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			



MOORE CR2E003 (11/03)

4. FEI Number **59-3487007** ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000104078	STREET ADDRESS	
NAME	CITY CENTRE ASSOCIATES OF TALLAHASSEE, INC	CITY-ST-ZIP	
STREET ADDRESS	226 NORTH DUVAL STREET		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
DOCUMENT #		STREET ADDRESS	U00000096673
NAME		CITY-ST-ZIP	03/26/04-80007-001 141.25
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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:  **3/16/04** **850-671-1971**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE