

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

DOCUMENT # A97000002943

1. Entity Name

ESCAMBIA TRADE CENTER, LTD.



Principal Place of Business

120 E MAIN ST., STE. A
PENSACOLA FL 32501

Mailing Address

120 E MAIN ST., STE. A
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3520449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASH, NEAL B
120 E MAIN ST., STE. A
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

200036280782
05/14/04--01003--023 **437.50

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.

\$1,000,000.00

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

DOCUMENT # P97000108853
NAME ESCAMBIA CENTER MANAGEMENT GROUP, INC.
STREET ADDRESS 120 E MAIN ST., STE. A
CITY-ST-ZIP PENSACOLA FL 32501

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200036280782
05/14/04--01003--024 **88.75

DOCUMENT #
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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

NEAL NASH

3-29-04 850-429-8640

Date

Daytime Phone #

FILED

2004 APR 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE