

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A98000000151	
1. Entity Name P.A.D. EQUITIES, LTD.	

Principal Place of Business 535 PARK AVENUE, NORTH WINTER PARK, FL 32789	Mailing Address P.O. BOX 1508 WINTER PARK, FL 32790
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03252004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3486265	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILLIAMS, WARREN E 28 WEST CENTRAL BLVD. ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 28 W. Central Blvd., Suite 401
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. \$50.00	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 #	P98000004480	STREET ADDRESS	P.O. Box 1508
NAME	WOODBURY EQUITIES, INC.	CITY-ST-ZIP	Winter Park, FL 32790-1508
STREET ADDRESS	535 PARK AVENUE, NORTH		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:	DATE: 4-26-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>