

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:13

DOCUMENT # A98000001707 1. Entity Name THIRD SERIES INVESTORS, LTD.	
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Principal Place of Business 5145 CITY STREET ORLANDO, FL 32839	Mailing Address 5145 CITY STREET ORLANDO, FL 32839
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 319 N MAGNOLIA AVE Suite, Apt. #, etc.	City & State ORLANDO FL Zip 32801
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04122004	Chg-LP
CR2E003 (10/03)	
4. FEI Number 59-3523689	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLATER, JOEL K 5145 CITY STREET ORLANDO, FL 32839	7. Name and Address of New Registered Agent Name JEANNIE L. SKELLEY Street Address (P.O. Box Number is Not Acceptable) 319 N MAGNOLIA AVE City ORLANDO FL Zip Code 32801
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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 *Jeannie L. Skelley* DATE **4-15-04**

Signature, word or printed name of registered agent, and title if applicable.

9. Capital Contributions as Shown on record. \$4,421,000.00	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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PARK CENTRAL COMMUNITY DEVELOPMENT CORP.		
	5145 CITY STREET		
	ORLANDO, FL 32839		
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 05/10/04--01067--009 **526.25

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: <u><i>Joel K Slater</i></u> JOEL K SLATER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <u>4/15/04</u> 407-902-2502 Daytime Phone #
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