## 2004 LIMITED PARTNERSHIP ANNUAL REPORT - Due By May 1, 2004

## **DOCUMENT # A98000002006** OL FEB 25 PH 4: 22 1. Entity Name PACIFIC HEARTLAND, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 503 10TH STREET WEST **503 10TH STREET WEST** WEST PALMETTO, FL 34221 WEST PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 65-0860680 Not Applicable Zip Country Zip Country \$8.75 Additional 5. \_Certificate.of.Status.Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELLER, BILLY L JR. Street Address (P.O. Box Number is Not Acceptable) 503 10TH STREET WEST WEST PALMETTO, FL 34221 City Zip Code FI 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 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P93000042180 DOCUMENT # STREET ADDRESS PTG MANAGEMENT COMPANY NAME STREET ADDRESS 503 10TH STREET CITY-ST-ZIP CITY-ST-ZIP WEST PALMETTO, FL 34221 <del>200030116712</del> 03/09/04~ 01048--027 \*\*158.75 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 STAPLE 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 accordate 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 J 941-722-3291 SIGNATURE: SIGNATURE AND TOPED OF PRINTED NAME OF GNING GENERAL PARTNER Date Daytime Phone #

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