

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002311

1. Entity Name
PORTSMOUTH BUSINESS CENTER ASSOCIATES, LTD.



Principal Place of Business
2578 ENTERPRISE ROAD, #342
ORANGE CITY, FL 32763

Mailing Address
2578 ENTERPRISE ROAD, #342
ORANGE CITY, FL 32763

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3536933

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, MICHAEL
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

Name

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record **\$200,000.00**

10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P98000087155**
NAME **PORTSMOUTH BUSINESS CENTER, INC.**
STREET ADDRESS **2578 ENTERPRISE ROAD, #342**
CITY - ST - ZIP **ORANGE CITY, FL 32763**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

U00000145532
05/03/04-80023-020 528.25

STREET ADDRESS
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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: _____ DATE: **3/11/04** DAYTIME PHONE: **306 668 3370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID M. McLEAH, President PSC, Inc.

STAPLE CHECK HERE