


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000001113		
1. Entity Name FLG PINELLAS LIMITED PARTNERSHIP		

Principal Place of Business 255 FOREST LAKES BLVD., NORTH OLDSMAR, FL 34677	Mailing Address 255 FOREST LAKES BLVD., NORTH OLDSMAR, FL 34677
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3598492	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		7. Name and Address of New Registered Agent	
FUNLEAGUE GROUP, INC. 255 FOREST LAKES BLVD., NORTH OLDSMAR, FL 34677		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 title if applicable.

9. Capital Contributions as Shown on record. \$99.00	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 #	P95000093765	STREET ADDRESS	
NAME	FUNLEAGUE GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	255 FOREST LAKES BLVD., NORTH		
CITY-ST-ZIP	OLDSMAR, FL 34677		
DOCUMENT #		STREET ADDRESS	100028011071
NAME		CITY-ST-ZIP	02/02/04 01053 018 **141.25
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DOCUMENT #		STREET ADDRESS	M THOMAS
NAME		CITY-ST-ZIP	
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: 	Pres FLG, LP 1/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone

FILED

04 FEB -2 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE