


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001882</b> 1. Entity Name NASHVILLE EASTGATE PHASE I ASSOCIATES, LTD.	
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Principal Place of Business 300 SE 2ND ST. FORT LAUDERDALE FL 33301	Mailing Address 300 SE 2ND ST. FORT LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E003 (11/03)

4. FEI Number **65-0961440**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  JONES, PATRICIA 300 SE 2ND ST. C/O STILES CORPORATION FORT LAUDERDALE FL 33301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable</small>	DATE _____	
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date <b>\$5,390.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P99000099771	STREET ADDRESS	
NAME	NASHVILLE EASTGATE PHASE I ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	300 SE 2ND ST.		
CITY - ST - ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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05/13/04-80017-001 141.25

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:**  **Patricia Jones** **4-22-04** **954-627-9350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE