2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

DOCUMENT # A99000002262

CITY-ST-ZIP



FILED

04 FE9 25 PM 4: 2! REDEVELOPMENT PARTNERS, LIMITED SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 5401 KENNEDY BLVD., SUITE 751 5401 KENNEDY BLVD., SUITE 751 P.O. BOX 23887 P.O. BOX 23887 TAMPA, FL 33623 TAMPA, FL 33623 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 ~ CR2E003 (10/03). Chg-LP Applied For City & State City & State 4. FEI Number 59-3208036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON RD STE. 20, CLEARWATER, FL 33762 City 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 Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$10,000.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P93000074840 DOCUMENT # STREET ADDRESS NAME REDEVELOPMENT PARTNERS, INCORPORATED STREET ADDRESS 5401 KENNEDY BLVD., SUITE 751 CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33623** C00030115296 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHYESTEZIE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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

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SIGNATURE: SIGNATURE AND TY