

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


FILED

04 JAN 26 PM 2:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B0100000019**

1. Entity Name  
 98 PALMS CENTER, LTD.




Principal Place of Business  
 250 WASHINGTON STREET  
 PRATTVILLE, AL 36067

Mailing Address  
 P.O. BOX 680176  
 PRATTVILLE, AL 36068

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 63-1265489 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KIEHN, ROLAND W  
 220 MCKENZIE AVENUE  
 PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

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. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00

**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 #	M0100000070	STREET ADDRESS	
NAME	98 PALMS PARENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	250 WASHINGTON STREET		
CITY-ST-ZIP	PRATTVILLE, AL 36067		
DOCUMENT #		STREET ADDRESS	300027623493
NAME		CITY-ST-ZIP	01/26/04--01095--016 **141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Thomas E Newton, President 1/21/04 334-361-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #