

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # B95000000073



1. Entity Name
QUEENSBERRY, LTD.

Principal Place of Business
120 N WALSTON BDG RD
JASPER, AL 35504

Mailing Address
120 N WALSTON BDG RD
JASPER, AL 35504



2. Principal Place of Business

3. Mailing Address

State, Apt #, etc

State, Apt #, etc

04282004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FTT Number

63-1131347

App. Fee

Full App. Fee

Zip

Country

Zip

Country

5. Certificate of Status Due rec

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MYERS, CLIFFORD C
111 WEST BEACH DRIVE
PANAMA CITY BEACH, FL 32401

7. Name and Address of New Registered Agent

Name

Street Address

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

Signature of person submitting this statement to the Secretary of State

Date

9. Capital Contributions
 as Stated on Record

\$570,000.00

10. Total Assets
 as Stated on Record

\$9,883.61

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 #	
NAME	MYERS, CLIFFORD C
STREET ADDRESS	111 WEST BEACH DRIVE
CITY-STATE-ZIP	PANAMA CITY, FL 32401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
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CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/10/04-80017-001 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(b), Florida Statutes. If former, I 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 and the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Clifford C. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/04

(850) 769-8980

STAPLE CHECK HERE