

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000478					
1. Entity Name KAKATSCH FAMILY LIMITED PARTNERSHIP #2					
Principal Place of Business 1364 SHADOW LANE FT. MYERS FL 33901			Mailing Address 1364 SHADOW LANE FT. MYERS FL 33901		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3492252 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KAKATSCH, JOHN L 1364 SHADOW LANE FT. MYERS FL 33901				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 file if applicable					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date			
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 #	NAME		STREET ADDRESS		
NAME	KAKATSCH, JOHN L				
STREET ADDRESS	1364 SHADOW LANE		CITY-ST-ZIP		
CITY-ST-ZIP	FT. MYERS FL 33901				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KAKATSCH, JEAN				
STREET ADDRESS	1364 SHADOW LANE		CITY-ST-ZIP		
CITY-ST-ZIP	FT. MYERS FL 33901				
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STREET ADDRESS			CITY-ST-ZIP		
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)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Jean Katsch</u>			3/2/05 2392757681		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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03/08/05-80007-002 141.25

STAPLE CHECK HERE