

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL -8 AM 10:34

DOCUMENT # A01000000640 1. Entity Name LUMMIS FAMILY PARTNERSHIP FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 12141 SW 95 AVENUE MIAMI, FL 33176			Mailing Address 12141 SW 95 AVENUE MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07012005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-1103626	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERMAN, DAVID M				Name	
13500 N KENDALL DR., STE 129				Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33186					
				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. - \$550,000.00			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 #	P01000022586		STREET ADDRESS		
NAME	LUMMIS CORP.		CITY-ST-ZIP		
STREET ADDRESS	12141 SW 95 AVE.				
CITY-ST-ZIP	MIAMI, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
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)(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: _____			Jeanne Lummis. 7/5/05 Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #		

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