

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -3 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001609 1. Entity Name PASSALACQUA LIMITED PARTNERSHIP					
Principal Place of Business 501 SOUTH NEW YORK AVENUE WINTER PARK, FL 32789			Mailing Address 501 SOUTH NEW YORK AVENUE WINTER PARK, FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2681598	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JOSEPH J. PASSALACQUA 501 SOUTH NEW YORK AVENUE WINTER PARK, FL 32789				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. \$7,500,000.00			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 #	L03000044428		STREET ADDRESS		
NAME	JJP OF WINTER PARK, LLC		CITY-ST- ZIP		
STREET ADDRESS	501 SOUTH NEW YORK AVENUE		CITY-ST- ZIP		
CITY-ST- ZIP	WINTER PARK, FL 32789		STREET ADDRESS		
DOCUMENT #			CITY-ST- ZIP		
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CITY-ST- ZIP			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.					
SIGNATURE: <i>Joseph J. Passalacqua</i>			Date: 4-28-05 Daytime Phone #: 407-230-1099		

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