# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

FILED
2005 MAY -5 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000746

1. Entity Name
TWO CORNERS LIMITED PARTNERSHIP, LLLP

| Principal Place of Business | Mailing Address |
|---|---|
| 4622 GALL BLVD.<br>ZEPHYRHILLS, FL 33541-6237 | P.O. BOX 9005<br>ZEPHYRHILLS, FL 33539-9005 |

02022005 Chg-LP CR2E003 (10/03)

| 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 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| LINVILE, LOIS R<br>4622 GALL BLVD.<br>ZEPHYRHILLS, FL 33541-6237 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. | $5,000.00 | 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 # | | STREET ADDRESS | |
| NAME | LINVILLE, LOIS R | CITY-ST-ZIP | 200055719872 06/03/05--01056--011 **141.25 |
| STREET ADDRESS | P.O. BOX 9005 | | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 335399005 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | LINVILLE, TERRY | CITY-ST-ZIP | |
| STREET ADDRESS | P.O. BOX 9005 | | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 335399005 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | LINVILLE, DANNY | CITY-ST-ZIP | |
| STREET ADDRESS | P.O. BOX 9005 | | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 335399005 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| 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:** Lois Linville 4-06-05 1-813-782-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #