

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED

05 JUL -6 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07012005 Chg-LP CR2E003 (10/03)

4. FFI Number **20-1249025** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, SHEILA O
6242 ALEXON DR
JACKSONVILLE, FL 32210**

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. **\$100.00**

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	LEONARD, SHEILA O	CITY-ST-ZIP	400057343514
STREET ADDRESS	6242 ALEXON DR		07/12/05 01032 002 **141.25
CITY-ST-ZIP	JACKSONVILLE, FL 32210		MC 7/6/05
DOCUMENT #		STREET ADDRESS	
NAME	ORTON, SIOBHAN	CITY-ST-ZIP	
STREET ADDRESS	6250 ALEXON DR		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #		STREET ADDRESS	
NAME	HANCOCK, BRENDA O	CITY-ST-ZIP	
STREET ADDRESS	6432 ROMILLY DR		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Sheila O Leonard* **Sheila O. Leonard** **7/1/05** **904 3557100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

**Sheila Leonard
6242 Alexon Drive
Jacksonville, FL 32210**

July 1, 2005

Ms. Nanette Causseaux
Florida Department of State
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REL AO4000000922
Orton Sisters Ltd.

Dear Ms. Causseaux:

Thank you for speaking with me this morning regarding the above referenced entity.

I have enclosed another Annual Report and a check for \$141.25. I am assuming the check and report I sent on May 10, 2005 has been lost in the mail.

Again, thank you for your assistance. If you need to reach me, my daytime telephone number is 904-355-7100.

Best regards,

A handwritten signature in black ink, appearing to read 'Sheila O. Leonard', written in a cursive style.

Sheila O. Leonard
General Partner
Orton Sisters Ltd.