

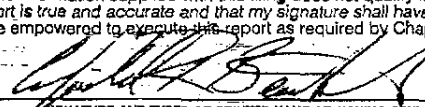
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A05582 1. Entity Name USEPPA INN AND DOCK COMPANY, LTD.					
Principal Place of Business P.O. BOX 640 BOKEELIA, FL 33922			Mailing Address P.O. BOX 640 BOKEELIA, FL 33922		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1740604	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BATSEL, C. GUY SUITE 104, MANOR POINTE PROF. BLDG. 1861 PLACIDA ROAD ENGLEWOOD, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable					
9. Capital Contributions as Shown on record. \$1,000.00			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 #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	STREET ADDRESS		CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	

STAPLE CHECK HERE

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 or a receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **4/20/05 239/283-1061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #