

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000001307 1. Entity Name MANSON FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 291 JAMAICA LANE PALM BEACH FL 33480		Mailing Address 291 JAMAICA LANE PALM BEACH FL 33480			
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 65-0465830 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BRADEN, LISA 4623 FOREST HILL BLVD. WEST PALM BEACH FL 33406	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				State 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 _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____	
9. Capital Contributions as Shown on record. \$603,924.00		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		
STREET ADDRESS	CITY - ST - ZIP		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS	CITY - ST - ZIP		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:			1-25-05 (56) 842-8737		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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STAPLE CHECK HERE