


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

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

DOCUMENT # A95000001153					
1. Entity Name BISANZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 715 WILLOWOOD LANE NAPLES, FL 34108			Mailing Address 715 WILLOWOOD LANE NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0600056	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KELLY, CHARLES M JR. 2640 GOLDEN GATE PKWY. STE. 315 NAPLES, FL 34105-3203			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record, \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		
	BISANZ, LEONARD W				
	715 WILLOWOOD LANE		CITY - ST - ZIP		
	NAPLES, FL 34108				
DOCUMENT #	NAME		STREET ADDRESS		
	BISANZ, HELEN C				
	715 WILLOWOOD LANE		CITY - ST - ZIP		
	NAPLES, FL 34108				
DOCUMENT #	NAME		STREET ADDRESS		
			000000369504		
			06/10/05-80013-014 526.25		
DOCUMENT #	NAME		STREET ADDRESS		
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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: _____			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # _____		



STAPLE CHECK HERE