


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

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001109**

1. Entity Name  
**ABLEIDINGER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**4529 CHEVAL BLVD.  
 LUTZ, FL 33549**

Mailing Address  
**4529 CHEVAL BLVD.  
 LUTZ, FL 33549**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt #, etc.

City & State

Zip Country

01132005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3450672**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ABLEIDINGER, ROBERT J  
 4529 CHEVAL BLVD.  
 LUTZ, FL 33558**

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. **\$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	
	<b>ABLEIDINGER, ROBERT J</b>		
STREET ADDRESS	<b>4529 CHEVAL BLVD.</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>LUTZ, FL 33558</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>ABLEIDINGER, SUSAN</b>		
STREET ADDRESS	<b>4529 CHEVAL BLVD.</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>LUTZ, FL 33558</b>		
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 03/23/05-80098-011 141.25

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

**SIGNATURE:** *Robert J. Ableidinger* **3/18/05** **828 684-2796**

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

STAPLE CHECK HERE