


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

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

**DOCUMENT #** 497000002770

**1. Entity Name**  
 F. CARLYLE PLATT FAMILY LIMITED PARTNERSHIP



**Principal Place of Business**  
 2200 SIMON ROAD  
 MELBOURNE, FL 32904

**Mailing Address**  
 2200 SIMON ROAD  
 MELBOURNE, FL 32904



**2. Principal Place of Business**  
 Suite, Apt. #, etc. \_\_\_\_\_

**3. Mailing Address**  
 Suite, Apt. #, etc. \_\_\_\_\_

**City & State** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

02262005 Chg-LP CR2E003 (10/03)

**4. FEI Number**  
 59-3213074

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

Applied For Not Applicable

**6. Name and Address of Current Registered Agent**

PLATT, JANET P  
 2200 SIMON ROAD  
 MELBOURNE, FL 32904

**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.** \$5,896,807.00

**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P97000106398	F.C. PLATT, INC.	2200 SIMON ROAD	MELBOURNE, FL 32904

**13. ADDRESS CHANGES ONLY**

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)(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**

STAPLE CHECK HERE

**SIGNATURE** Janet P. Platt **2-28-05** **321-723-0884**

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