2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000980

1. Entity Name
EBERWEIN PARKS PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
123 WEST KING STREET ORLANDO, FL 32804	123 WEST KING STREET ORLANDO, FL 32804

01122005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3500833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EBERWEIN, WALLACE P 123 WEST KING STREET ORLANDO, FL 32804	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.	10. Amount of Capital Contributions in FLORIDA to date.
$770,000.00	$526.25

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 #		STREET ADDRESS	U00000208634
NAME	EBERWEIN, VIRGINIA D TRUSTEE	CITY-ST-ZIP	02/02/05-80003-002 526.25
STREET ADDRESS	P.O. BOX 477 N/A		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		
DOCUMENT #		STREET ADDRESS	
NAME	FOLCARELLI, ELIZABETH E	CITY-ST-ZIP	
STREET ADDRESS	2960 N. TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME	EBERWEIN, WALLACE P	CITY-ST-ZIP	
STREET ADDRESS	123 WEST KING STREET		
CITY-ST-ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME	WISE, ROSEMARY E	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 298476		
CITY-ST-ZIP	WASILLA, AK 99629		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Wallace Eberwein Wallace Eberwein 1/28/05 321-432-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #