


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

**FILED
May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000001695
1. Entity Name
TREXLER FAMILY PARTNERSHIP, LTD.




Principal Place of Business
222 S. PENNSYLVANIA AVE., STE. 200
WINTER PARK, FL 32789

Mailing Address
P.O. BOX 2146
WINTER PARK, FL 32790

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3523107 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SALTSMAN, ROBERT P
222 S. PENNSYLVANIA AVE., STE. 200
WINTER PARK, FL 32789

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. \$990.00

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 #	TREXLER, TERRY E	STREET ADDRESS	
NAME	2004 S.E. 11TH STREET	CITY-ST-ZIP	
STREET ADDRESS	OCALA, FL 32671		
CITY-ST-ZIP			
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05/06/05-80018-012 141.25

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:  4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #