

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002707 1. Entity Name TOLSON-BYRNS PARTNERSHIP, LTD.					
Principal Place of Business 462 KINGSLEY AVE., STE. 101 ORANGE PARK, FL 32073				Mailing Address 462 KINGSLEY AVE., STE. 101 ORANGE PARK, FL 32073	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03302005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3545532	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOLSON, JOHN F JR ESQ 462 KINGSLEY AVE SUITE 101 ORANGE PARK, FL 32073				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 _____ Sign state, typed or printed name of registered agent and date if applicable					
9. Capital Contributions as Shown on record. \$1,000,000.00		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 #	P98000100219		STREET ADDRESS		
NAME	BYRNS-TOLSON ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	462 KINGSLEY AVE., STE. 101		CITY-ST-ZIP		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
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CITY-ST-ZIP			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.					
SIGNATURE: <i>John F. Tolson</i> JOHN F. TOLSON			9041 269-0050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daycare Phone #		

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