

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001351

1. Entity Name
DANIELS FAMILY HOLDINGS, LTD.



Principal Place of Business _____ Mailing Address _____
9339 HAAS DR. 26079 SO. HILLOCKBURN RD.
HUDSON, FL 34669 ESTACADA, OR 97023



2. Principal Place of Business _____ 3. Mailing Address _____

Suite, Apt #, etc. _____ Suite, Apt #, etc. _____

City & State _____ City & State _____

Zip _____ Country _____ Zip _____ Country _____

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1036544** 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

KOLTUN, JEFFREY M
557 NORTH WYMORE RD. SUITE 100
MAITLAND, FL 32751

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 **\$100.00** 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 **DANIELS, STEWART A TRUSTEE**
 STREET ADDRESS **9339 HAAS DR.**
 CITY-ST-ZIP **HUDSON, FL 34669**

STREET ADDRESS _____
 CITY-ST-ZIP _____
 U000001251E2
 01/21/05-80004-006 150.00

DOCUMENT # _____
 NAME **SKOIEN, WANDA D TRUSTEE**
 STREET ADDRESS **26079 SO. HILLOCKBURN RD.**
 CITY-ST-ZIP **ESTACADA, OR 97023**

STREET ADDRESS _____
 CITY-ST-ZIP _____

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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)(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: *Stewart A Daniels*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-11-05 503-630-4585

Date Daytime Phone #

STAPLE CHECK HERE