

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 9:04

DOCUMENT # A25117

1. Entity Name
MOORE PROPERTIES, LTD.



Principal Place of Business

WHIPPOORWILL LANE
RT 15 BOX 3752
LAKE CITY, FL 32024

Mailing Address

WHIPPOORWILL LANE
RT 15 BOX 3752
LAKE CITY, FL 32024

2. Principal Place of Business

252 SW Whippoorwill Way
Suite, Apt. #, etc.

3. Mailing Address

252 SW Whippoorwill Way
Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32024

Country

USA

Zip

32024

Country

USA

01102005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0004480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEAR, MURRAY D
% BROAD & CASSEL
201 S. BISCAYNE BLVD. MIAMI CENTER #3000
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,762,200.00

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

BRADEN, JULIANNE
ROUTE 15 BOX 3752
LAKE CITY, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

252 SW Whippoorwill Way
Lake City, FL 32024

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01/28/05--01009--025 **526.25

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:

Julianne Braden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/19/05

Daytime Phone #

386 755 0615

STAPLE CHECK HERE