

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# A00000000050

Entity Name: BERNARD FULLER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, #602  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, #602  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0971331      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FULLER, ALLEN D  
201 ALHAMBRA CIRCLE, #602  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record: 0.00**  
**Amount of Capital Contributions in Florida to date: 0.00**

**GENERAL PARTNER INFORMATION:**

Document #: P97000059323  
Name: FULLER FAMILY PARTNERS, INC.  
Address: 201 ALHAMBRA CIRCLE, #602  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALLEN D. FULLER

\_\_\_\_\_  
Electronic Signature of Signing General Partner

GP

04/25/2005

\_\_\_\_\_  
Date