


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

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000245</b> 1. Entity Name <b>OFFER FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>4010 BOY SCOUT BOULEVARD, SUITE 700</b> <b>TAMPA, FL 33607</b>			Mailing Address <b>4010 BOY SCOUT BOULEVARD, SUITE 700</b> <b>TAMPA, FL 33607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3632903</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OFFER, FRANK J III</b> <b>4010 BOY SCOUT BOULEVARD, SUITE 700</b> <b>TAMPA, FL 33607</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>1,500,000</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
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DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	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)(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 689, Florida Statutes					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">4/29/05</div> <div>             (813) 872-5889  <small>Daytime Phone #</small> </div> </div>	

STAPLE CHECK HERE

