2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CHECK HERE

Feb 15, 2005 08:00 AM DOCUMENT # A0000000615 **Secretary of State** 1. Entity Name PUZAK LIMITED PARTNERSHIP Principal Place of Business Mailing Address 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State 4. FEI Number City & State 59-3643030 Not Applicable Ζlp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 1395 PANTHER LANE SUITE 300 NAPLES FL 34109 City Zin Code FL 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$150,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS PUZAK, ELIZABETH K NAME 100 GLENVIEW PLACE, APT. #804 STREET ADDRESS CHY-ST-70 U00000230070 CITY-ST-ZIP NAPLES FL 34108 02/15/05-00025-017-5**26.** 25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP DOCUMENT # SIREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ACORESS NAME STREET ADDRESS CITY-ST ZIP CITY ST-ZIP DOCUMENT# STREET ADDRESS NAME 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 620, Florida Statutes

FILED