


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

<b>DOCUMENT # A00000000738</b>		
1. Entity Name <b>AGRI FAMILY LTD. PARTNERSHIP</b>		

Principal Place of Business <b>2560 ROXBURGH DRIVE ROSWELL GA 30076</b>	Mailing Address <b>2560 ROXBURGH DRIVE ROSWELL GA 30076</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**2005 JUN 13 PM 2:42**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>AP-PLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>DECROES, GAIL 5412 CRESCENT DRIVE TAMPA FL 33611</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. **\$0.00**

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 # <b>L00000005095</b>	NAME <b>AGRI MANAGEMENT SERVICES, LLC</b>	STREET ADDRESS <i>see attached for \$57.50</i>	
STREET ADDRESS <b>2560 ROXBURGH DRIVE</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>ROSWELL GA 30076</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

**100056165511**  
**06/14/05--01071--016 \*\*\*88.75**

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:**

*Jonathan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-15-05**

Date

**404-483-7637**

Daytime Phone #

Image 1 of 1



[Previous Image](#) [Next Image](#)

**Date**

Sequence Number

**Account Number**

**Amount**

**Serial Number**

04/06/05

00554046

\_\_\_\_\_

**52.50**

**Abstract**

MICHELE AGRI  
JONATHAN AGRI  
2580 REDBURN DRIVE  
ROSWELL, GA 30076

64-00010 2354

3/26/2005

PAY TO THE ORDER OF State of Florida \$52.50

Cathy Lupo

SUNTRUST BANK

Jonathan Agri

BANK OF AMERICA NA  
6540953345

BANK OF AMERICA NA  
6540953345