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

STAPLE

SIGNATURE:

## Feb 09, 2005 08:00 AM Secretary of State DOCUMENT-# A00000000912 1. Entity Name THE GEORGE C. PECK, SR. FAMILY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 11907 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408 11907 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 52-2285801 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROSNER, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH FL 33407 City 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or prifiled name of registered agent and title if applicable DATE \$0.00 10. Amount of Capital Contributions 9. Capital Contributions 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS NAME PECK, GEORGE C SR STREET ADDRESS 11907 TURTLE BEACH ROAD CITY ST-712 CITY-ST-ZIP NORTH PALM BEACH FL 33408 02/09/05-80068-017 141.25 DOCUMENT # STREET ADDRESS PECK, CATHERINE M NAME STREET ADDRESS 11907 TURTLE BEACH ROAD CHY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-S1-7P CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME SIRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-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)[1), 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 empawared to execute this report as required by Chapter 620, Florida Statutes

FILED