



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A00000001161 1. Entity Name KATOPODIS FAMILY HOLDINGS, LTD.					
Principal Place of Business 3842 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312			Mailing Address 3842 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02032005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3660291	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent KATOPODIS, JOHN 3842 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$980.00		10. Amount of Capital Contributions in FLORIDA to date.		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 #	P00000068260		STREET ADDRESS		
NAME	KATOPODIS HOLDINGS, INC.		CITY - ST - ZIP		
STREET ADDRESS	3842 E. MILLERS BRIDGE RD.				
CITY - ST - ZIP	TALLAHASSEE, FL 32312				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS					
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					
Katopodis Holdings, Inc.					
SIGNATURE By: <i>J. Katopodis</i>		Date: 2/20/05		Daytime Phone #: 850.216.0133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John N. Katopodis, Its President					

STAPLE CHECK HERE

 FILED
 05 MAR -2 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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