

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001512

1. Entity Name
ELOISE C. TURNER, LTD.



Principal Place of Business
252 NW CALI DR
LAKE CITY, FL 32055

Mailing Address
252 NW CALI DR
LAKE CITY, FL 32055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3599430

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE, STE. A
JACKSONVILLE, FL 32204

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$81,400.00

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

DOCUMENT # P03000010539
NAME TURNER REALTY MANAGEMENT, INC.
STREET ADDRESS ROUTE 20, BOX 196
CITY-ST-ZIP LAKE CITY, FL 32055

13. ADDRESS CHANGES ONLY

STREET ADDRESS

252 NW Cali Dr

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600054022546
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STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPECOLOR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/05 352-381-0222

Date

Daytime Phone #

DEBRA D. CHILDRESS

STAPLE CHECK HERE