

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

05 MAY -9 PM 2:51

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



02042005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3684081** Applied For  Not Applicable

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

**DOCUMENT # A00000001542**  
 1. Entity Name  
**DALE H. PARSONS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**8 BROADWAY, SUITE 218  
 KISSIMMEE, FL 34741**

Mailing Address  
**8 BROADWAY, SUITE 218  
 KISSIMMEE, FL 34741**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**PARSONS, DALE H  
 8 BROADWAY, SUITE 218  
 KISSIMMEE, FL 34741**

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

9. Capital Contributions as Shown on record. <b>\$55,054.00</b>	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 #	PARSONS, DALE H	STREET ADDRESS	
NAME	8 BROADWAY, SUITE 218	CITY-ST-ZIP	
STREET ADDRESS	KISSIMMEE, FL 34741		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

700054233907  
 05/10/05--01098--012 \*\*473.75

*[Handwritten Signature]*

STAPLE CHECK HERE

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: DALE H. PARSONS DATE: 4.13.05 DAYTIME PHONE #: 407.847.4706