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

## Jan 12, 2005 08:00 AM DOCUMENT #-A00000001648 **Secretary of State** 1. Entity Name TOOLE ENTERPRISES, LLLP Principal Place of Business Mailing Address 114 E SUNSET ST 114 E SUNSET ST GROVELAND, FL 32736 GROVELAND, FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chq-LP CR2E003 (10/03) City & State City & State 4. FFI Number Applied For 59-3678742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOOLE, BETTY W Street Address (P.O. Box Number is Not Acceptable) 114 E SUNSET ST GROVELAND, FL 32736 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. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,500,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME TOOLE, RICHARD E TRUSTEE STREET ADDRESS 114 E SUNSET ST CITY-ST-ZIP CITY-ST-ZIP GROVELAND, FL 32736 DOCUMENT# STREET ADDRESS NAME TOOLE, BETTY W TRUSTEE STREET ADDRESS 114 E SUNSET ST CITY - ST - ZIP CITY-ST-ZIP GROVELAND, FL 32736 U00000177810 01/12/05**-80001-**006 <u>526</u>. DOCUMENT # STREET ADDRESS NAME TOOLE, DANA GEORGE STREET ADDRESS 114 E SUNSET ST CITY-ST-7IP CITY-ST-ZIP GROVELAND, FL 32736 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS

**FILED** 

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

CITY- ST-71P

Betty W. Loole Betty W. Toole 1-05-05 (352)429-3558

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