


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

FILED
Mar 08, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A00000001696 |  |
| 1. Entity Name THE TRUSLER FAMILY LIMITED PARTNERSHIP | |

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|--|--|
| Principal Place of Business 3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609 | Mailing Address 3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609 |
|--|--|

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



1ST MOORE CR2E003 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 59-3597812 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent FLAWS, MAGNUS JR. 3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609 | | 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. | | 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. |
| SIGNATURE <i>Geneva M. Trusler</i> <small>Signature, typed or printed name of registered agent and date if applicable</small> | DATE 2-08-05 | |
| 9. Capital Contributions as Shown on record. \$2,000,000.00 | 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---|--------------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | TRUSLER, GENEVA M TRUSTEE | CITY-ST-ZIP | |
| CITY-ST-ZIP | 3242 HENDERSON BLVD., SUITE 301 TAMPA FL 33609 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | UN00000255357 03/08/05-80011-008 526.25 |
| CITY-ST-ZIP | | | |
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| 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)(f), 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: <i>Geneva M. Trusler</i> | GENEVA M. TRUSLER | 2-08-05 | 813-875-1040 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

STAPLE CHECK HERE