


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 14 AM 8:33

DOCUMENT # A00000001704					
1. Entity Name G. DAVID RAYMOND FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411			Mailing Address 1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1064564			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAYMOND, G-DAVID 1633 FLAGLER MANOR CIRCLE WEST PALM BEACH, FL 33411			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$407,500.00			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		
NAME	RAYMOND, G. DAVID		CITY-ST-ZIP		
STREET ADDRESS	1633 FLAGLER MANOR CIRCLE				
CITY-ST-ZIP	WEST PALM BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RAYMOND, NANCY V		CITY-ST-ZIP		
STREET ADDRESS	1633 FLAGLER MANOR CIRCLE				
CITY-ST-ZIP	WEST PALM BEACH, FL				
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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					
SIGNATURE: <i>G. David Raymond</i>			E DAVID RAYMOND		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE

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