

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A00000001742

1. Entity Name
GUIDE CAPITAL, LTD.



FILED
05 APR 25 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1700 S. MACDILL AVE
SUITE 220
TAMPA, FL 33629

Mailing Address
1700 S. MACDILL AVE
SUITE 220
TAMPA, FL 33629



03242005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3681357

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

HENDEE, BRETT ESQ
1700 SOUTH MACDILL AVENUE
SUITE 200
TAMPA, FL 33629-5218

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. \$1,252,960.22

10. Amount of Capital Contributions
in FLORIDA to date. 2,556,740.49

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 # L00000000084
NAME GUIDE CAPITAL, LLC
STREET ADDRESS 1700 S. MACDILL AVE - STE 220
CITY-ST-ZIP TAMPA, FL 33629

STREET ADDRESS

CITY-ST-ZIP

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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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-31-05

Date

813-223-2424

Daytime Phone #

STAPLE CHECK HERE