

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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000000042

1. Entity Name  
 TOWER POINT LIMITED PARTNERSHIP



Principal Place of Business  
 247 NORTH WESTMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32714

Mailing Address  
 247 NORTH WESTMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3747454

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

COSTOLO, W. TERRY ESQ.  
 301 EAST PINE STREET, SUITE 1400  
 ORLANDO, FL 32801

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.

\$999.90

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 # L01000000432  
 NAME PICERNE TOWER POINT LLC  
 STREET ADDRESS 247 NORTH WESTMONTE DRIVE  
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

STREET ADDRESS  
 CITY-ST-ZIP  
 000000363957  
 05/06/05-80021-000 141.25

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/26/05

STAPLE CHECK HERE