

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**DOCUMENT # A01000000375**

1. Entity Name  
**ALLMON FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**9400 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32962**

Mailing Address  
**9400 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32962**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3705627**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J ESQUIRE  
SUITE 400 EAST  
1900 N.W. CORPORATE BOULEVARD  
BOCA RATON, FL 33431**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$224,465.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$358,670.00**

**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 CITY-ST-ZIP	<b>P00000111772 ALLMON FAMILY ENTERPRISES, INC. 9400 S. TROPICAL TRAIL MERRITT ISLAND, FL 32962</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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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: Barbara A. Campbell** 4/18/2005 407-414-2333  
VP/Secretary, Allmon Family Enterprises Inc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

05/05/05  
FILED  
05 MAY -2 PM 1:03  
SECRETARY OF STATE

STAPLE CHECK HERE