


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 AM 10:00

DOCUMENT # A01000000646			
1. Entity Name DEMKO FAMILY HOLDINGS, LTD.			
Principal Place of Business 5510 NE 31 AVE. FT. LAUDERDALE, FL 33308		Mailing Address 5510 NE 31 AVE. FT. LAUDERDALE, FL 33308	
2. Principal Place of Business 811 SE 2 Terrace Suite, Apt. #, etc.		3. Mailing Address 811 SE 2 Terrace Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33060		Zip 33060	
Country		Country	
4. FEI Number 65-1105365		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 DEMKO, JOHN WESLEY 5510 NE 31 AVE. FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Demko, James Street Address (P.O. Box Number is Not Acceptable) 811 SE 2 Terrace City Pompano Beach FL Zip Code 33060	
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 <i>James A. Demko Co Pers Rep</i> DATE 1-21-05			
9. Capital Contributions as Shown on record. \$2,740,021.25		10. Amount of Capital Contributions in FLORIDA to date. \$2,740,021.25 \$526.25	
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	L01000007432 DEMKO FAMILY HOLDINGS, LC 5510 NE 31 AVE. FT. LAUDERDALE, FL 33308	STREET ADDRESS CITY-ST-ZIP	811 SE 2 Terrace Pompano Beach, FL 33060
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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>Alicejoy Elles Co Pers Rep</i>		Date 1-25-05 1-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE