


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

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A0100000733			
1. Entity Name VARKAS FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 155 OCEAN LANE DR., APT. 311 KEY BISCAYNE, FL 33149		Mailing Address 155 OCEAN LANE DR., APT. 311 KEY BISCAYNE, FL 33149	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VARKAS, ALEXANDER D JR. 155 OCEAN LANE DRIVE, APARTMENT 311 KEY BISCAYNE, FL 33149		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 <i>Alexander D. Varkas Jr.</i>		DATE <i>1/29/05</i>	
9. Capital Contributions as Shown on record. \$1,331,632.00		10. Amount of Capital Contributions in FLORIDA to date. <i>1,331,632.00</i>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000049286	STREET ADDRESS	
NAME	FULCRUM, INC.	CITY-ST-ZIP	
STREET ADDRESS	155 OCEAN LANE DR., APT. 311		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>Alexander D. Varkas Jr.</i>		DATE: <i>1/29/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <i>1-581-392-1230</i>	
<i>Alexander D. Varkas Jr.</i>			



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1108440** Applied For Not Applicable

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

STAPLE CHECK HERE