
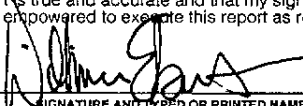


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000866</b> 1. Entity Name <b>DORCAS HARRINGTON EBERT FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1513 OCEANSHORE BLVD., #C-4          ORMOND BEACH, FL 32176</b>			Mailing Address <b>1513 OCEANSHORE BLVD., #C-4          ORMOND BEACH, FL 32176</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3728565</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>EBERT, WILLIAM P.J.          2303 FIDDLERS LANE          ATLANTIC BEACH, FL 32232</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$4,173,873.35</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
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NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP	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					
<b>SIGNATURE:</b>  <b>WILLIAM EBERT</b>			<b>4/20/05 (904) 241-9997</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



01032005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3728565** Applied For ☐ Not Applicable

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

EBERT, WILLIAM P.J.  
 2303 FIDDLERS LANE  
 ATLANTIC BEACH, FL 32232

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

DATE

9. Capital Contributions as Shown on record. **\$4,173,873.35**

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EBERT, DORCAS H TRUSTEE  
 1513 OCEANSHORE BLVD., #C-4  
 ORMOND BEACH, FL 32176**

STREET ADDRESS  
 CITY-ST-ZIP  
**1100000362452  
 05/05/05-00115-021 526.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EBERT, WILLIAM P. J  
 1513 OCEANSHORE BLVD., #C-4  
 ORMOND BEACH, FL 32176**

STREET ADDRESS  
 CITY-ST-ZIP

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**SIGNATURE:**  **WILLIAM EBERT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/20/05 (904) 241-9997**  
Date Daytime Phone #

STAPLE CHECK HERE