


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000953	
1. Entity Name TEMPLE COURT PARTNERS, LTD.	

Principal Place of Business C/O TRANSON DEVELOPMENT, INC. 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE, FL 32901	Mailing Address C/O TRANSON DEVELOPMENT, INC. 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE, FL 32901
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
03-0396631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SANDELL, RENEE F 1103 WEST HIBISCUS BLVD., SUITE 408 MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. \$0.00

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 #	L01000011548	STREET ADDRESS	
NAME	TEMPLE COURT PARTNERS, LLC	CITY-ST-ZIP	1100000185153
STREET ADDRESS	1103 WEST HIBISCUS BLVD., SUITE 408		01-21-05-80004-002 150.00
CITY-ST-ZIP	MELBOURNE, FL 32901		
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 1/5/05 321-723-9200
Daytime Phone #

STAPLE CHECK HERE