

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED

2005 MAY -5 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001021

1. Entity Name
VILLENUEVE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
4890 N. CITATION DRIVE
APT. # 103
DELRAY BEACH, FL 33445

Mailing Address
4890 N. CITATION DRIVE
APT. # 103
DELRAY BEACH, FL 33445



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05042005

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-1126291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLENUEVE, MARK
4890 N. CITATION DRIVE
APT. # 103
DELRAY BEACH, FL 33445

Name Mark Villeneuve

Street Address (P.O. Box Number is Not Acceptable)

3740 S. Ocean Blvd. #309

City Highland Beach FL

Zip Code 33487

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 Mark Villeneuve

DATE 5/1/05

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # P01000063024
NAME VILLENUEVE MANAGEMENT CORP
STREET ADDRESS 4890 N. CITATION DRIVE # 103
CITY-ST-ZIP DELRAY BEACH, FL 33445

STREET ADDRESS 3740 S. Ocean Blvd. #309
CITY-ST-ZIP Highland Beach, FLA. 33487

DOCUMENT #
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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)(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: Mark Villeneuve

DATE 5/1/05

(561)
272 7080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE