

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 29 AM 8:21

DOCUMENT # A01000001052

1. Entity Name  
THE GAY FAMILY PARTNERS, LTD.



Principal Place of Business  
1206 E RIDGEWOOD ST  
ORLANDO, FL 32803

Mailing Address  
1206 E RIDGEWOOD ST  
ORLANDO, FL 32803

2. Principal Place of Business

3. Mailing Address  
1011 S. Valentia

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Unit 50

02112005 Chg-LP CR2E003 (10/03)

City & State

City & State  
Denver, Colorado

4. FEI Number  
59-3740018

Applied For  
Not Applicable

Zip

Country

Zip  
80247

Country  
USA

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

6. Name and Address of Current Registered Agent

BRYANT, CARLA D ESQUIRE  
1206 E RIDGEWOOD ST  
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions as Shown on record. \$450,000.00

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

DOCUMENT # P01000074199  
NAME MARVIN MANAGEMENT, INC.  
STREET ADDRESS 1011 S. VALENTIA, UNIT 50  
CITY-ST-ZIP DENVER, CO 80247

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100050038341  
04/06/05--01062--010 \*\*526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-18-05 303-745-2601

STAPLE CHECK HERE