

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

**DOCUMENT # A01000001309**

1. Entity Name  
**COUCH FAMILY PROPERTIES, LTD.**



Principal Place of Business  
**42 BREEZE HILL LANE  
PALM COAST, FL 32137**

Mailing Address  
**42 BREEZE HILL LANE  
PALM COAST, FL 32137**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03282005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3748345**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PIKE, MARY C  
42 BREEZE HILL LANE  
PALM COAST, FL 32137**

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

9. Capital Contributions as Shown on record. **\$497,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COUCH, JOSEPH H JR.	CITY-ST-ZIP	
STREET ADDRESS	37 BREEZE HILL LANE		
CITY-ST-ZIP	PALM COAST, FL 32137		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PIKE, MARY C	CITY-ST-ZIP	
STREET ADDRESS	42 BREEZE HILL LANE		
CITY-ST-ZIP	PALM COAST, FL 32137		
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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:** Mary Couch Pike **3/28/05** **(386) 986-3152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

(727) 460 2701