

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000001383	
1. Entity Name THE 585 FAMILY PARTNERSHIP, LTD.	



Principal Place of Business 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771	Mailing Address 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3753406	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BREWER, DAVID B 4155 ST. JOHNS PARKWAY, SUITE 2000 SANFORD, FL 32771
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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. \$600,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	L01000008885	STREET ADDRESS	
NAME	BREWER OPERATING COMPANY, LLC	CITY- ST- ZIP	
STREET ADDRESS	4155 ST. JOHNS PARKWAY, SUITE 2000		
CITY- ST- ZIP	SANFORD, FL 32771		
DOCUMENT #		STREET ADDRESS	000000255341
NAME		CITY- ST- ZIP	03/08/05-80010-017 526.25
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY- ST- ZIP	
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 689, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/05 407-330-9901

Date Daytime Phone //

Dave Brewer

STAPLE CHECK HERE