

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

**FILED**  
05 APR 19 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A01000001559**

1. Entity Name  
**GLEN PLANTATION, LTD.**



Principal Place of Business  
**11635 N.W. 1ST AVENUE  
GAINESVILLE, FL 32607**

Mailing Address  
**11635 N.W. 1ST AVENUE  
GAINESVILLE, FL 32607**

*1315*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3759509**

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

**CURTIS, JOHN M  
11635 N.W. 1ST AVENUE  
GAINESVILLE, FL 32607**

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.

**\$194,000.00**

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 # **P01000112606**  
NAME **GLEN PLANTATION, INC.**  
STREET ADDRESS **11635 N.W. 1ST AVENUE**  
CITY - ST - ZIP **GAINESVILLE, FL 32607**

STREET ADDRESS

CITY - ST - ZIP

**100054038021**

**05/09/05--01010--009 \*\*\$35.00**

DOCUMENT #  
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CITY - ST - ZIP

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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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Glen Plantation, Inc. The General Partner**

**By: John M. Curtis, Director 3/9/05 352-332-0838**

Date

Daytime Phone #