FILED
Feb 19, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

DOCUMENT # A01000001692

1. Entity Name

THE BICKEL FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6700 GULF OF MEXICO DRIVE, APT. 117 LONGBOAT KEY FL 34228	6700 GULF OF MEXICO DRIVE, APT. 117 LONGBOAT KEY FL 34228

1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-0407775 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BICKEL MANAGEMENT, INC.
6700 GULF OF MEXICO DRIVE, APT. 117
LONGBOAT KEY FL 34228

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 Marilyn L. Thomas, officer of Bickel Management 2/14/05
Signature, typed or printed name of registered agent and title if applicable DATE

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $5,133,135.00

10. Amount of Capital Contributions in FLORIDA to date 5,133,135.00

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 #	P01000118941	STREET ADDRESS	
NAME	BICKEL MANAGEMENT, INC.		U00000235455
STREET ADDRESS	6700 GULF OF MEXICO DRIVE, APT. 117	CITY-ST-ZIP	02/19/05--80003--018 526.25
CITY-ST-ZIP	LONGBOAT KEY FL 34228		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: Marilyn L. Thomas Officer of Bickel Management 2/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #