

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 AUG 25 AM 10: 03

**DOCUMENT # A02000000033**

1. Entity Name  
 THE SNYDER FAMILY LIMITED PARTNERSHIP I



Principal Place of Business  
 10168 IDLE PINE LANE  
 BONITA SPRINGS, FL 34155

Mailing Address  
 9420 SUNNY CREEK  
 ST. LOUIS, MO 63127

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

*Handwritten initials*



07132005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 43-1637570

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, ROBERT B  
 10168 IDLE PINE LANE  
 BONITA SPRINGS, FL 34155

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]* DATE 8/21/05

9. Capital Contributions as Shown on record. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	SNYDER, ROBERT B TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	10168 IDLE PINE LANE		
CITY-ST-ZIP	BONITA SPRINGS, FL 34155		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SNYDER, JOYCE J TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	10168 IDLE PINE LANE		
CITY-ST-ZIP	BONITA SPRINGS, FL 34155		
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CITY-ST-ZIP			

500059188135  
 08/31/05--01049--002 \*\*535.00

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]* DATE 8/21/05

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

STAPLE CHECK HERE