

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000297 1. Entity Name STREEM FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 7505 STONEYBROOK DRIVE, UNIT #734 NAPLES, FL 34112			Mailing Address 7505 STONEYBROOK DRIVE, UNIT #734 NAPLES, FL 34112		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03172005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 03-0421967	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENRY, THORNTON M 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33402-3475			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,100,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,100,000.00 3/17/05			
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 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
FREIBERG, BARBARA S 3392 NOYAC ROAD SAG HARBOR, NY 11963					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
STREEM, KATHRYN G 3724 BLACK FEATHER DRIVE EL SOBRANTE, CA 94803					
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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 620, Florida Statutes					
SIGNATURE: <u><i>Barbara S. Freiberg</i></u> 3/17/05 (239) 530-4555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> Barbara S. Freiberg					

STAPLE CHECK HERE