

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -6 AM 9:50

DOCUMENT # A02000000350 1. Entity Name SUNLAKE VENTURES, LLLP					
Principal Place of Business 19001 SUNLAKE BLVD. LUTZ, FL 33558-4949 US			Mailing Address 19001 SUNLAKE BLVD. LUTZ, FL 33558-4949 US		
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 03-0409349	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANNAH, CHARLES A 19001 SUNLAKE BLVD. LUTZ, FL 33549				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$37,630.40			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	HANNAH, CHARLES A		CITY-ST-ZIP		
STREET ADDRESS	19001 SUNLAKE BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	LUTZ, FL 335584949		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
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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)(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:			Charles A. Hannah		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			General Ptnr		
			Date		
			Daytime Phone #		



05312005 Chg-LP CR2E003 (10/03)

4. FEI Number 03-0409349

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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SIGNATURE:

Charles A. Hannah

05/31/05 (813) 909-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Ptnr

Date

Daytime Phone #

STAPLE CHECK HERE