

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000469

Entity Name: FT. PIERCE RELOAD, LLP

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

253 FLORIDA AVENUE  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

253 FLORIDA AVENUE  
FT. PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 04-3635003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, PETER O  
253 FLORIDA AVENUE  
FT. PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 1,000.00

**Amount of Capital Contributions in Florida to date:** 1,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: MYERS, PETER O  
Address: 253 FLORIDA AVENUE  
City-St-Zip: FT. PIERCE, FL 34950

Address:  
City-St-Zip:

Document #:

Name: MYERS, KATHLEEN A  
Address: 253 FLORIDA AVENUE  
City-St-Zip: FT. PIERCE, FL 34950

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER MYERS

GENE

04/05/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date