


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

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

<b>DOCUMENT # A02000000546</b>	
<b>1. Entity Name</b> MISSION PARK, LLLP	

<b>Principal Place of Business</b> 1155 SOUTH SEMORAN BLVD. SUITE 118 WINTER PARK FL 32792	<b>Mailing Address</b> 1155 SOUTH SEMORAN BLVD. SUITE 118 WINTER PARK FL 32792
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 03-0436899	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> TEPLITSKY, IGOR 1155 SOUTH SEMORAN BLVD. SUITE 118 WINTER PARK FL 32792	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
<b>9. Capital Contributions as Shown on record.</b> \$100.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>

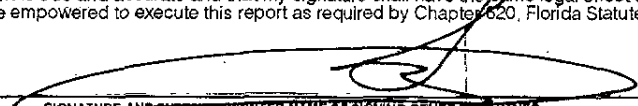
**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	TEPLITSKY, IGOR	<b>CITY- ST- ZIP</b>	
<b>CITY- ST- ZIP</b>	1155 SOUTH SEMORAN BLVD., SUITE 118 WINTER PARK FL 32792		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>		<b>CITY- ST- ZIP</b>	
<b>CITY- ST- ZIP</b>			

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02/08/05-80057-006 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE