

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

DOCUMENT # A02000000577

1. Entity Name

NORTH EAST POLK, LLLP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL 13 AM 9:20

Principal Place of Business

1330 PALMETTO AVENUE
 WINTER PARK FL 32789

Mailing Address

1330 PALMETTO AVENUE
 WINTER PARK FL 32789

2. Principal Place of Business

4776 New Broad St

3. Mailing Address

4776 New Broad St

Suite, Apt. #, etc.
 250

Suite, Apt. #, etc.
 250

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32814

Country

US

Zip

32814

Country

US

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

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

WHITE, ROBERT B JR.
 558 WEST NEW ENGLAND AVE., SUITE 240
 WINTER PARK FL 32789

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, typed or printed name of registered agent and title if applicable

DATE

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions
 as Shown on record.

\$99.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 GODWIN, LARRY
 STREET ADDRESS 1330 PALMETTO AVENUE
 CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

Larry Godwin Larry Godwin 4/29/05 407-628-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE