

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000000877	
1. Entity Name LEWIS CAPITAL LIMITED PARTNERSHIP	



FILED

2005 MAR -2 PM 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4555 AINSLEY PLACE SARASOTA, FL 34234	Mailing Address 4555 AINSLEY PLACE SARASOTA, FL 34234
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number
27-0017689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LEWIS, SARA PEELER 4555 AINSLEY PLACE SARASOTA, FL 34234	

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 Sara P. Lewis DATE

9. Capital Contributions
Shown on record. 1,051,850.00

10. Amount of Capital Contributions
in FLORIDA to date. 1,051,850.00

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 #	L02000014355	STREET ADDRESS	
NAME	LEWIS CAPITAL LLC	CITY-ST-ZIP	
STREET ADDRESS	4555 AINSLEY PLACE		
CITY-ST-ZIP	SARASOTA, FL 34234		
DOCUMENT #		STREET ADDRESS	900047563849
NAME		CITY-ST-ZIP	03/02/05--01015--017 **526.25
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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: Sara P. Lewis (Sara P. Lewis) 2-17-05 (941) 355-3931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE