


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Feb 16, 2005 08:00 AM  
Secretary of State

DOCUMENT # A02000001084					
1. Entity Name LYNN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business TWO SOUTH UNIVERSITY DRIVE, SUITE 215 PLANTATION, FL 33324			Mailing Address TWO SOUTH UNIVERSITY DRIVE, SUITE 215 PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt # etc		Suite Apt # etc			
City & State		City & State			
Zip		Country		Zip Country	
6. Name and Address of Current Registered Agent  LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, SUITE 3550 MIAMI, FL 33131				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$10,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. 2629		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000085212		STREET ADDRESS		
NAME	LYNN INVESTMENT MANAGEMENT CORP.		CITY - ST - ZIP		
STREET ADDRESS	TWO SOUTH UNIVERSITY DRIVE, SUITE 215				
CITY - ST - ZIP	PLANTATION, FL 33324				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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: <u>Brian Lynn</u>			GP 2/9/05 854 474 1111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
BRIAN LYNN					

