

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001300**

1. Entity Name  
**BACKHAND ASSOCIATES, LLLP**



Principal Place of Business  
**240 S. PINEAPPLE AVENUE, 10TH FL**  
**SARASOTA, FL 34236**

Mailing Address  
**PO BOX 49948**  
**SARASOTA, FL 34230-6948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**54-2075630**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BAND, DAVID S**  
**240 S. PINEAPPLE AVENUE, 10TH FL**  
**SARASOTA, FL 34236**

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 (attachable)

DATE

9. Capital Contributions as Shown on record. **-\$1,525,000.00**

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 **BAND, DAVID S**  
 STREET ADDRESS **240 S. PINEAPPLE AVENUE, 10TH FL**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME **MCCOMB, WILLIAM E**  
 STREET ADDRESS **240 S. PINEAPPLE AVENUE, 10TH FL**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS  
 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David S. Band, General Ptr. 3/25/05 941-366-6660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE