

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

<b>DOCUMENT # A02000001345</b>		
1. Entity Name <b>HOLLAND FAMILY LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>320 APACHE LANE BOCA RATON, FL 33487</b>	Mailing Address <b>320 APACHE LANE BOCA RATON, FL 33487</b>
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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

6. Name and Address of Current Registered Agent	
<b>PADULA, STEPHEN J PA</b> <b>390 EAST LAS OLAS BLVD., SUITE 1440</b> <b>FORT LAUDERDALE, FL 33301</b>	

**FILED**  
**05 JAN 27 PM 5:12**  
 SLOAN COUNTY CLERK  
 TALLAHASSEE FLORIDA

**1127**

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>14-1879265</b>	Applied for <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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: <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date: <b>\$18,000</b>
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**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 # <b>P02000101178</b>	NAME <b>HOLLAND PARTNERS, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>320 APACHE LANE</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>BOCA RATON, FL 33487</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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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:**  **John H. Holland** **01-04-05 1-561-998-8071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE