

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 26 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02735

1. Entity Name  
DOWNTOWN LOCKHART, LTD.



Principal Place of Business  
380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-1595307

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

DRAKE, T. MICHAEL  
380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS, FL 32714

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

9. Capital Contributions as Shown on record. \$18,000.00

10. Amount of Capital Contributions in FLORIDA to date. 18,000

214.75

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  
DRAKE, T MICHAEL  
STREET ADDRESS  
380 S. SR 434, SUITE 1004-#114  
CITY-ST-ZIP  
ALTAMONTE SPRINGS, FL 32714

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
412002  
MCCAMMON, INC.  
STREET ADDRESS  
234 RIVER VILLAGE DR  
CITY-ST-ZIP  
DEBARY, FL 32713

STREET ADDRESS  
CITY-ST-ZIP

600054351716  
05/13/05-01004-021-#214.75

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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:

*T. Michael Drake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/05

4076827-98

Date

Daytime Phone #

STAPLE CHECK HERE