


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000008					
1. Entity Name EMBREE PARKER INVESTMENTS, LLLP					
Principal Place of Business 250 SOUTH PARK AVE. SUITE 630 WINTER PARK, FL 32789			Mailing Address P.O. BOX 3010 WINTER PARK, FL 32790		
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			7. Name and Address of New Registered Agent		
BATTAGLIA, W.P. 250 SOUTH PARK AVE. SUITE 630 WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$9,750,000.00			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		STREET ADDRESS		
NAME	EMBREE PARKER, INC.		CITY- ST- ZIP		
STREET ADDRESS	250 SOUTH PARK AVE. SUITE 630				
CITY- ST- ZIP	WINTER PARK, FL 32789				
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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: <u>W.P. Battaglia</u>			W.P. Battaglia, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4/27/05 407-622-1700		



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-2100361** 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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SIGNATURE: W.P. Battaglia W.P. Battaglia, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 4/27/05 407-622-1700