

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -3 AM 8:54

DOCUMENT # A03000000173

1. Entity Name  
AGCMD OFFICE PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP



Principal Place of Business  
13801 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618 US

Mailing Address  
13801 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005 Chg-LP CR2E003 (10/03)

4. FEI Number

APPLIED FOR 59-3565549

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

GOINS, PHILIP ALLEN  
13801 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618

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. \$447,218.53

10. Amount of Capital Contributions in FLORIDA to date.

\$10,625.00

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 # K39461  
NAME A.G. DEVELOPMENT GROUP, INC.  
STREET ADDRESS 13801 N. DALE MABRY HWY., SUITE 200  
CITY-ST-ZIP TAMPA, FL 33618

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P93000052376  
NAME CMD ENTERPRISES, INC.  
STREET ADDRESS 13801 N. DALE MABRY HWY., SUITE 100  
CITY-ST-ZIP TAMPA, FL 33618

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 26, 2005

Date

813 265 4500

Daytime Phone #

STAPLE CHECK HERE